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*THE HEALTH*  
*OF*  
*BEDFORDSHIRE*



**Annual Report**  
**of the County**  
**Medical Officer**  
**of Health**

**1967**







THE ADULT TRAINING WORKSHOP, BEDFORD





HORTICULTURAL PURSUITS . . .



. . . AND DOMESTIC ACTIVITIES AT THE WORKSHOP



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## To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present this Report on the Health Services for the year 1967.

The vital statistics indicate a drop in the birth rate when compared with the previous year but even so, the rate remains much higher than that for England and Wales.

The mortality rate in respect of infants under one year of age was 14.5 compared with the national figure of 19.0. The death rate also remained lower than that for the country as a whole. Details are to be found elsewhere in the Report and the situation is considered to be generally satisfactory.

I am grateful to Dr. Nicol and Mr. French for the compilation of two reports on Mental Health which appear in the Appendix. The first Home in the County for the Care of Elderly Persons who are Mentally Infirm was opened four years ago. A full assessment is made of this new venture which has attracted much attention nationally and many visitors from all parts of the country. It is interesting to note that despite the chronic nature of the condition it has been possible to use each bed several times over during the four years. It is unfortunate that so many of the patients are admitted after there has been considerable deterioration in their condition. However, the Home has served a useful purpose in retaining in the community patients who would otherwise have been admitted to hospital at an earlier stage.

The first purpose-built Training Workshop for Mentally Sub-normal Adults was opened in Bedford in June, 1966. This Centre, which serves a considerable area in the North of the County, has been a great success. Staff and trainees settled down well and the work carried out is varied and positive in its training aspect. Social training is now an essential part of the work of the Centre and elementary education is possible for a few trainees, especially those previously attending schools for the educationally sub-normal. It is particularly encouraging to note that suitable patients from Bromham Hospital are attending on a daily basis. This will assist with the smooth transfer to hostel care in many cases. I am indeed grateful to the Medical Superintendent of the Hospital for this interesting experiment.



The development of the Nursing Services continued during the year. Replacements were obtained for most of those who resigned but at no time was the establishment of health visitors and midwives complete. Nevertheless, it would appear that Bedfordshire enjoys a more favourable position than some other Authorities. Much attention was paid to continued co-operation between the nursing staff and family doctors, but little progress was made with the attachment of staff to general practitioners. However, discussions continued and where geographical and other conditions make it possible such arrangements will be extended. There was, in addition, considerable discussion on Health Centres and although none was started during the year, preliminary work was carried out in four places and the presence of these buildings will undoubtedly assist the integration of the Health Service as a whole.

Miss D. Northam, Group Adviser in Leighton-Linslade, died in March, 1967, and the staff as well as the population she served greatly regretted her passing at a relatively early age. Mrs. B. Groom, Miss K. French, Miss D. Hipkiss and Miss E. Strong, retired after many years' service—such "old stagers" in the health visiting field are indeed difficult to replace.

At a national level it is regretted that the Queen's Institute of District Nursing will no longer continue as a training body. Bedfordshire County Council and earlier, the many District Nursing Associations have had a long association with the Institute whose work and support was of inestimable value in the development of this branch of the nursing service. Members of the County Council and the medical profession are sorry that the Queen's badge will gradually be disappearing from Bedfordshire. The high standard that it indicated was recognised and appreciated by all who came into contact with the Home Nursing Service. It is to be hoped that the new arrangements will work well.

The most important development in the Ambulance Service has been the introduction of suction apparatus in all ambulance vehicles. The Unit receives its power from the vehicle engine and the Company who fitted the apparatus were of considerable assistance in developing this important life-saving equipment. The need for such equipment in the emergency treatment of head injury cases has been apparent for some years but the apparatus is also of value in certain cases where patients are transferred from hospital to hospital. The new venture has received some attention from other Authorities and the various surgeons who have had an opportunity of using the apparatus have all commented favourably.

At the end of the year Mr. J. P. Willey, M.B.E., Chief Ambulance Officer since before the inception of the National Health Service Act, retired. His complete integrity and friendly approach to all was well known in Bedfordshire and during the past 20 years the Service developed largely as a result of his efforts.

Further staff changes occurred during the year. Dr. A. W. C. Lobban, having successfully completed the course for a Diploma in

Public Health, returned in June to take charge of the administration of the Child Health Service, in particular the care of handicapped children, in addition to responsibilities as Medical Officer of Health to four County Districts. Dr. Burge resigned in January and Dr. Sandford retired in February. Dr. Sandford's term of office as Medical Officer based on the Dunstable Clinic was a long and distinguished one. It has not been possible to find replacements for these medical officers but we were fortunate in the return to the service of Dr. Dastgir after three years overseas. There were, in addition, changes in the Speech Therapists and Occupational Therapists and the Child Guidance team was almost completely replaced during the year. In this connection it is interesting to note the long and loyal service Dr. Norman Jones gave to the County and we wish her well on her retiral to New Zealand. The continued shortage of experienced and qualified medical officers has thrown considerable strain on those who remain and I am grateful to them for their loyal service.

In conclusion I wish to record my appreciation to the Members of the Health Committee, in particular the Chairman, Councillor J. Wynn Williams, for the interest they have shown, their co-operation and support during the year. I am also indebted to the staff for their continued loyal support and their conscientious work, especially in view of the repeated changes and shortages experienced. I acknowledge the continued support from family doctors and hospital staff, without whose co-operation it would not be possible for the Health Services to be as effective as they are. I wish also to express my gratitude to Mr. C. J. Guy who prepared the body of this report.

I have the honour to be

Your obedient servant,

M. C. MACLEOD,

*County Medical Officer of Health.*

HEALTH DEPARTMENT,

PHOENIX CHAMBERS,

HIGH STREET,

BEDFORD.

Telephone : Bedford 51651.

*May, 1968.*



## COUNTY HEALTH COMMITTEE, 1967-68

*Chairman* : Councillor J. Wynn Williams

*Ex-Officio* : Alderman S. Whitbread, B.A., J.P.

Alderman L. G. Bowles

### *Aldermen*

Miss D. M. Mann

W. G. Matthews

Mrs. A. Urwin

H. R. Waller, O.B.E., J.P., D.L.

### *Councillors*

N. J. Cardew

E. I. B. Marples

L. Chambers

C. J. Plumb, O.B.E.

G. R. Dilleigh

Miss M. C. Shepherd, M.B.E.

Mrs. J. M. Griffiths

D. W. Smith

K. J. Hebblethwaite

Mrs. D. M. Tompkins

Mrs. D. E. Waller

### *Co-opted Members*

#### Local Medical Committee :

R. Pollock, B.A., M.B., B.Ch., B.A.O., L.M.

J. G. Williams, M.R.C.S., L.R.C.P.

Dental Committee : R. B. T. Dinsdale, L.D.S.

Pharmacists' Committee : F. G. Bull, M.P.S.

Bedford Group Hospital Management Committee :

R. G. Miller, M.D., M.R.C.P.

Luton and Hitchin Group Hospital Management Committee :

Mrs. L. J. Aylett, S.R.N.

Federation of Trades Councils : A. A. Orr

Bedfordshire and Luton Executive Council : H. J. Weller, J.P.



## COUNTY HEALTH STAFF

### *County Medical Officer of Health*

M. C. MACLEOD, M.D., D.P.H.

### *Deputy County Medical Officer of Health*

E. ELLICE HENDERSON, M.B., B.S., D.P.H.

### *Principal Medical Officer for Mental Health*

L. G. NICOL, M.R.C.S., L.R.C.P., D.P.M., D.P.H.

### *Senior Assistant County Medical Officers*

A. W. C. LOBBAN, M.B., Ch.B., D.P.H. (w.e.f. 8.6.67)

G. R. THORPE, M.B., Ch.B., D.P.H.

### *Medical Officers*

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

M. ELIZABETH BUCKLEY, M.B., B.Ch., D.P.H.

ANNE J. BURGE, M.B., B.S., D.C.H., D.P.H. (resigned 6.1.67)

MARY B. DASTGIR, M.B., Ch.B. (part-time, apptd. 2.1.67)

ROSEMARY LANE, M.R.C.S., L.R.C.P. (part-time)

T. E. S. LLOYD, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P. (part-time,  
died 6.12.67)

J. H. MARSHALL, M.B., Ch.B., M.R.C.S., L.R.C.P. (part-time)

SYLVIA D. MUNRO, M.R.C.S., L.R.C.P. (part-time)

ANNE E. ROBINSON, M.B., B.S., D.Obst. R.C.O.G. (part-time)

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H. (retired 24.2.67)

ANNE SELWOOD, M.B., Ch.B.

CICELY STEER, M.B., B.S., D.C.H.

### *Chief Dental Officer*

H. W. S. SHEASBY, L.D.S.

### *Orthodontist (part-time)*

M. C. EAGLAND, B.Ch.D., L.D.S., D.Orth.R.C.S.

### *Area Dental Officers*

R. BURMAN, B.D.S., L.D.S.R.C.S.

J. E. CRUICKSHANK, L.D.S.

C. B. PALMER, L.D.S.R.C.S.

### *Dental Officers*

MARGARET A. ARMSTRONG, L.D.S.R.C.S. (Edin.) (part-time)

C. C. INGROUILLE, B.D.S.

ROSEMARY H. LONGHURST, B.D.S. (part-time, apptd. 13.3.67)

FRANCES D. MORRIS, L.D.S.R.F.P.S. (Glas.) (part-time)

R. E. POTTS, B.D.S., L.D.S.R.C.S.



STAFF—*continued**Chief Nursing Officer*

WINNIE FROST, S.R.N., S.C.M., H.V. (Queens Nurse)

*Assistant Chief Nursing Officers*MARGARET L. DEVERELL, S.R.N., S.C.M., R.S.C.N., H.V.  
DOROTHY E. HELLETT, S.R.N., S.C.M., H.V. (Queens Nurse)  
(retired 5.10.67)

DOROTHY J. PECK, S.R.N., S.C.M. (Queens Nurse)

*Home Help Organisers*VIOLET MABEL van BERCKELAER  
KATHLEEN KELLY*Health Education and Statistics Officer*

C. J. GUY, D.P.A.

*Chief Mental Welfare Officer*

C. W. FRENCH, A.A.P.S.W.

*Occupational Therapists*MARY CHAMBERLAIN, T.M.A.O.T. (resigned 7.4.67)  
ELIZABETH A. HARDMAN, M.A.O.T. (resigned 1.7.67)  
GILLIAN E. M. PEARSON, M.A.O.T. (part-time)  
PATRICIA J. SMITH, S.R.O.T. (apptd. 16.10.67)  
ISABEL A. STARK, S.R.O.T. (apptd. 28.3.67)  
JUNE P. WOOD, S.R.O.T. (apptd. 1.11.67)*Chiropodists*J. BEAUMONT, M.Ch.S.  
G. MURDOCH, S.R.Ch.  
J. WATERS, S.R.Ch.  
I. G. W. WHITE, S.R.Ch.*Chief Ambulance Officer*

J. P. WILLEY, M.B.E., F.I.A.O.

*Chest Physicians (part-time)*J. B. SHAW, M.D., D.P.H.  
N. R. WYNN-WILLIAMS, M.D., M.R.C.P.*County Analyst*

J. S. LEA, B.Sc., F.R.I.C.

*Chief Clerk*

S. P. MARRIOTT







SECTION I



STATISTICS



## EXTRACTS FROM VITAL STATISTICS FOR 1967

### LIVE BIRTHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	2,757	2,545	5,302
Illegitimate	...	...	...	170	175	345
				2,927	2,720	5,647

Crude live birth rate per 1,000 estimated home population		20.2
Illegitimate live births per cent of total live births	...	6.1

### STILLBIRTHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	35	33	68
Illegitimate	...	...	...	1	1	2
				36	34	70

Stillbirth rate per 1,000 total (live and still) births		12.3
Total number of live and stillbirths	... ..	5,717

### INFANT DEATHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	42	33	75
Illegitimate	...	...	...	3	4	7
				45	37	82

Infant mortality rate (all infant deaths per 1,000 live births)		14.5
Legitimate infant mortality rate	... ..	14.2
Illegitimate infant mortality rate	... ..	20.3

### NEO-NATAL DEATHS\* :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	32	29	61
Illegitimate	...	...	...	2	2	4
				34	31	65

\* Within first four weeks of life.



Neo-natal mortality rate per 1,000 live births ... ..	11.5
Early neo-natal mortality rate (i.e. deaths under one week)	10.1
Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total births) ... ..	22.2

**MATERNAL DEATHS :**

No. of deaths ... ..	1
Maternal mortality rate per 1,000 live and stillbirths ...	0.17

All the statistical information contained in this section of the Report is based on figures supplied by the Registrar General.

### POPULATION

The population figures issued by the Registrar General relate to resident civilians and members of the armed forces stationed in the area and are referred to as "home populations". The estimated home populations of the County and County Districts at the 30th June, 1967, were as follows :

<b>Administrative County</b> ... ..	<b>279,120</b>
<b>Urban Areas</b> ... ..	<b>143,790</b>
Amphill U.D. ... ..	4,750
Bedford M.B. ... ..	67,300
Biggleswade U.D. ... ..	8,700
Dunstable M.B. ... ..	28,940
Kempston U.D. ... ..	11,310
Leighton-Linslade U.D. ... ..	18,040
Sandy U.D. ... ..	4,750
<b>Rural Areas</b> ... ..	<b>135,330</b>
Amphill R.D. ... ..	31,490
Bedford R.D. ... ..	35,900
Biggleswade R.D. ... ..	32,730
Luton R.D. ... ..	35,210

With the exception of Bedford Borough, every County District had a higher estimated population than in 1966. The overall increase in the population of the Administrative County was 3,710.

The age-sex structure of the populations of the various districts varies, so that the crude birth and death rates, which are calculated as the number of births or deaths per 1,000 of the population, are not really comparable. To overcome this problem, the Registrar General calculates "comparability factors" for each area. When the crude rate is multiplied by the appropriate factor, an adjusted rate is obtained which can then be compared with the rate for any other area in the same year.



## BIRTHS

Table A of Appendix II sets out the number of births, legitimate and illegitimate, that occurred during 1967 for each of the County Districts. The district to which a birth is allocated is determined by the usual place of residence of the mother and not by the place of birth. The total number of live births was 5,647 giving a crude birth rate for the County of 20.2 compared with 21.3 for 1966. The adjusted rate was 19.0 compared with the provisional figure of 17.2 for England and Wales.

The number of illegitimate live births in 1967 was 345, representing 6.1 per cent of the total.

## STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life.

There were 70 stillbirths attributable to Bedfordshire residents during 1967 giving a stillbirth rate of 12.3 per 1,000 total births (live and still), compared with the remarkably low figure of 11.3 achieved in 1966. The national rate continued to drop and reached a record low level of 14.8 in 1967.

The distribution of the stillbirths between the County Districts is given in Table A of Appendix II. In most cases, however, the figures are so small that no significance can be attributed to the rates for individual Districts. Of the total, two or 2.9 per cent were illegitimate.

## INFANT MORTALITY

During the year, 82 infants under one year of age died. Of these, 57 died within the first week of life and 65 within the first month of life. The number of deaths under one year of age per 1,000 births registered during the year constitutes the infant mortality rate; similarly the neo-natal mortality rate is based on deaths within the first four weeks of life. For the County the infant mortality rate in 1967 was 14.5 compared with 15.0 for 1966 and was the lowest recorded figure for Bedfordshire. The national figure was 19.0, also the lowest ever recorded. Figures for the individual County Districts are given in Table A of Appendix II.

Perinatal mortality is the combination of stillbirths and deaths within the first week of life expressed as a rate per 1,000 total (live and still) births. The rate for the County in 1967 was 22.2 compared with 20.4 for the previous year.

The causes of infant death in the urban and rural areas are set out in Table I. "Other Causes" includes prematurity.

TABLE I—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS OF COUNTY, 1967

CAUSE	URBAN		RURAL		COUNTY		Total
	Under 4 Weeks	4 Weeks and over	Under 4 Weeks	4 Weeks and over	Under 4 Weeks	4 Weeks and over	
Pneumonia .. .. .	—	5	1	—	1	5	6
Gastritis, Enteritis and Diarrhoea .. .. .	—	1	—	—	—	1	1
Congenital Malformations ..	8	4	9	1	17	5	22
Other Causes .. .. .	26	3	20	2	46	5	51
Accidents* .. .. .	—	—	1	1	1	1	2
TOTALS .. .. .	34	13	31	4	65	17	82

\* Excluding motor-vehicle.

## DEATHS

During the year, 2,459 deaths attributable to the Administrative County were registered, giving a crude death rate of 8.8 for 1967, compared with 9.7 for the previous year. The death rate is calculated as the number of deaths per 1,000 of the home population. The crude death rates of the County Districts and of England and Wales for 1967 are shown in Table II, together with the area comparability factors and adjusted death rates.

Tables B and C of Appendix II show the causes of death in each of the County Districts and the age and sex distribution of deaths in the urban and rural areas of the County.

Heart disease was stated to be the cause of 727 of the 2,459 deaths registered and thus accounted for 29.6 per cent of the total. This proportion has shown little change in recent years.

There were 502 deaths attributable to cancer (described in the Tables as "malignant neoplasms"). This was 20.4 per cent of all deaths. A closer examination of the figures reveals that there were 281 males and 221 females. Of the males, 105 (37.4 per cent) died from cancer of the lung or bronchus.

The other major cause of death in Bedfordshire in 1967 was cerebral haemorrhage which, with 423 deaths, was responsible for 17.2 per cent of the total. Pneumonia and bronchitis between them accounted for 230 deaths (9.4 per cent) and accidents, 90 deaths (3.7 per cent).



TABLE II—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE COUNTY DISTRICTS AND ENGLAND AND WALES, 1967

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
<b>Urban Districts</b> .. ..	<b>9.0</b>	<b>1.05</b>	<b>9.5</b>
Ampthill .. ..	13.1	0.55	7.2
Bedford M.B. .. ..	8.8	1.09	9.6
Biggleswade .. ..	12.4	0.73	9.1
Dunstable M.B. .. ..	7.5	1.36	10.2
Kempston .. ..	10.3	0.84	8.7
Leighton—Linslade .. ..	8.3	1.06	8.8
Sandy .. ..	9.3	1.12	10.4
<b>Rural Districts</b> .. ..	<b>8.6</b>	<b>1.05</b>	<b>9.0</b>
Ampthill .. ..	9.2	1.08	9.9
Bedford .. ..	9.0	0.95	8.6
Biggleswade .. ..	9.2	0.88	8.1
Luton .. ..	7.1	1.39	10.0
<b>Admin. County</b> .. ..	<b>8.8</b>	<b>1.05</b>	<b>9.2</b>
<b>England and Wales</b> .. ..	<b>11.2</b>	—	—

One maternal death occurred in 1967, giving a maternal mortality rate of 0.17 per 1,000 total births.

SECTION II

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THE COUNTY HEALTH SERVICES



## ADMINISTRATION

The County Council are the Local Health Authority for the whole of the Administrative County but in the Borough of Bedford all functions are delegated to the Borough Council with the exception of the Ambulance Service and the care and after-care in residential accommodation of persons suffering from mental disorders. However, there is joint use of staff in the Mental Health, Nursing and Home Help Services. In order to present a complete picture of Local Health Authority services in Bedfordshire, information relating to Bedford is included in this Report.

## CLINICS AND HEALTH CENTRES

The word clinic is used to indicate a building in which clinical services of the Local Health Authority are carried out. These buildings may either be purpose-built, adapted exclusively for the purpose or else rented on a sessional basis. The vast majority of the premises in rural areas are hired for one session a week or fortnight, for child health purposes only, although in some cases there are hire arrangements for mothercraft and relaxation classes, and for chiropody clinics. At the other end of the scale the large clinics may have two or three dentists working full-time and provide a wide range of services in charge of professional persons such as speech therapists, members of the Child Guidance team, chiropodists, etc. carrying out frequent sessions.

The National Health Service Act lays on local health authorities the duty to provide premises called "Health Centres". These have all the facilities for local authority clinic functions for the district and provision for general practitioner services. In some cases hospital out-patient services and general dental services are also available.

In planning new clinics the main guide is the Local Authority Building Note produced by the Ministry of Health which suggests the sizes of rooms and general accommodation required on a population basis. In addition the Department of Education and Science give advice on the more specialist problems such as Child Guidance clinics.

The use of small village halls to serve rural areas is extensive in Bedfordshire and although the facilities there would not be satisfactory in an urban area they appear most reasonable as Child Welfare Clinics in the villages. It would seem that rather many of these have grown up throughout the years. They are costly in staff and time, and rents have been increasing in the past few years; while a complete set of equipment is required at each.

In the early days of the National Health Service, the general practitioners in the area did not evince any great interest in Health Centres. One only was planned but for various reasons it did not materialise. More recently there has been much greater interest shown and a Centre is now under construction in Ampthill. In

addition, accommodation for a group of doctors is being added to the recently built clinic in Queens Park, Bedford. There are proposals to provide a Health Centre in Arlesey and the extension of the Houghton Regis Clinic is under consideration.

At the end of the year it was decided that, in view of the national shortage of doctors and health visitors, no further clinics should be opened in hired premises for the time being and that the use of mobile clinics be investigated.

## **CARE OF MOTHERS AND YOUNG CHILDREN**

### **Ante-Natal Care**

Ante-natal care is provided in the County either by the hospital or the midwifery service in conjunction with the general practitioner. Where the midwife is concerned care is principally carried out in the home, although in a number of instances this is carried out in general practitioners' surgeries. There are no ante-natal clinics with a medical officer in attendance but at Leighton Buzzard the midwives hold a weekly clinic for the patients they have booked. Altogether 153 women attended during the year.

### **Mothercraft and Relaxation**

Mothercraft and relaxation classes are held in 17 centres throughout the County. The classes are the result of close co-operation between the health visitor and midwife who, together, comprehensively cover all aspects of pregnancy leading up to the confinement and practical care of the new-born baby.

Altogether, 895 women attended the classes, of whom 239 were booked for a hospital confinement.

### **Premature Births**

All infants weighing  $5\frac{1}{2}$  pounds or less at birth are regarded as being premature and they need the most skilled attention if they are to survive. The great majority are born in hospital, but for those born and nursed at home the Authority have available special cots with appropriate equipment for use when required. There is close co-operation with the hospital authorities. Where it is necessary for a premature baby to be admitted to hospital, arrangements are made for nursing care *en route* and the equipment required for such a journey is provided.

During 1967, of the 5,333 live births notified, 280 or 5.3 per cent were premature. Of these 17 died within 24 hours and a further 11 by the end of six days. The number who survived for 28 days was 245 or 87.5 per cent. Only 31 (11.1 per cent) of the premature babies were born outside hospital and all but one survived 28 days. It will be seen from Table D (Appendix II) that half the premature babies weighed more than 4 pounds 15 ounces. There were 43 premature stillbirths notified (41 in hospital), representing 64.2 per cent of all notified stillbirths.



### **The Unmarried Mother and Her Child**

Care, when necessary, is provided for unmarried mothers and their babies by Diocesan bodies. The St. Albans Diocesan Council for Moral Welfare, the constituent bodies of which provide an outdoor welfare service covering the whole County, receives substantial grants from the Local Health Authority. In addition, the Diocese provides a Mother and Baby Home in Bedford, affording accommodation for the periods immediately preceding and following the confinement. During the year 50 unmarried mothers were admitted. At intervals throughout the year, one of the Nursing Officers visited the Home and gave talks on childbirth and child care.

The Northampton Diocesan Catholic Child Protection and Welfare Society also does much good work in Bedfordshire, engaging in outdoor social work and arranging for unmarried mothers to be admitted to suitable homes.

During the year, the Authority approved 16 applications for financial assistance to enable unmarried expectant mothers resident in the County to be admitted to homes, in 14 cases outside the area.

### **Child Welfare Centres**

At the end of the year, there were 63 child welfare centres of which ten were provided in purpose-built premises and two in adapted premises. The remainder were held in premises occupied on a sessional basis. A new clinic was opened in Clifton to alternate with the existing clinic at Shefford. The clinics at Tilsworth and Heath and Reach were closed.

In rural areas it frequently occurs that one clinic has to serve two or more villages. Where difficulties have arisen with public transport this has been provided by the Authority.

Each clinic is regularly staffed by a health visitor, while a doctor is also in attendance at regular intervals which depend upon the numbers known on average to attend. In nearly all clinics considerable assistance is given by local voluntary help and their contribution to the running of each centre is much appreciated.

Details of the number of children who attended the various centres are given in Table E (Appendix II).

### **Children "At Risk"**

In common with other authorities considerable attention has been paid to children in whom there is a possibility that they may develop handicaps in later years. To this end, an "At Risk" register exists, to which the names of children are added at the time of birth when certain factors are evident. Experience has shown that these "at risk" factors can serve as very useful pointers to the development of future disabilities. Shortly after the child is born details from the register are transferred to the health visitor's record card. During the next year particular attention is paid to the development of this child in order that prompt remedial action can be taken,

should this be indicated. In any event, such children are brought to the attention of medical officers at child welfare centres before or at their first birthday. A medical examination takes place and follow-up is arranged as appears necessary.

Apart from the benefit to the child of early diagnosis such an "At Risk" scheme enables future plans to be laid for any special educational facilities which may be required. At the end of 1967 there were 5,070 children under the age of five years on the "At Risk" register.

### **Congenital Malformations**

Since the beginning of 1964 all congenital defects apparent at birth have been recorded on the notification of birth card, whether the child is live or still-born. In the case of a live birth, a congenital abnormality is one of the factors which will place the child at risk, as described in the previous paragraph.

Every case of congenital abnormality is reported to the Registrar General. During 1967, 40 births occurred with a total of 51 malformations. Of these, 15 were of the central nervous system, 14 of the limbs and 12 of the alimentary system. The most common single malformation was talipes which occurred on eight occasions, followed by anencephalus (six), hare lip (five) and cleft palate (four).

### **Phenylketonuria**

Tests to indicate this condition, which can result in severe mental retardation, are now a routine measure. No case of phenylketonuria was detected during the year.

### **Hearing Defects in Children**

In recent years it has become recognised that defective hearing is more common in children than had been supposed and can be the cause of much educational retardation. It has been found that very few children are totally deaf at birth and that even those severely handicapped have the ability to appreciate some sound. This "residual" hearing will only be used if special training is given. Assisted in suitable cases by a hearing aid, many such children can be successfully taught to speak, but to be most effective auditory training should be given continually during the first three or four years of life. Thus early diagnosis is of the utmost importance. To this end, all children have their hearing assessed between the ages of eight months and one year. This testing is carried out by health visiting staff, nearly all of whom have undergone training in the technique and application of these tests. Testing either takes place in the home or at the child welfare centre. Where doubt arises as to the child's ability to hear the test is repeated by the clinic medical officer and, if confirmed, referral is made to the appropriate hospital ear, nose and throat consultant. The aim of such early diagnosis is



to enable auditory training to take place with the least possible delay. To facilitate this, a health visitor was appointed with special responsibility for liaison with the various organisations concerned.

### **Welfare Foods**

The term "Welfare Foods" embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets, which are supplied to expectant and nursing mothers, children up to the age of five years and handicapped children.

There were, at the end of the year, 91 distribution centres, 63 of them being the child welfare centres. Included in the others are village shops (post offices in the main) and private houses. The efficient distribution of Welfare Foods, particularly in the rural areas, is not easy. Nevertheless, it has been achieved and this is mainly due to the activities of the voluntary workers who man the majority of the distribution centres and to supervision by the Welfare Foods Officer.

It is pleasing to report that the demand for orange juice continued to increase. The demand for the other welfare foods remained constant.

### **Dental Care**

Under the National Health Service Act, 1946, priority in dental treatment is given to expectant and nursing mothers and children. This treatment is provided free of charge. The Local Health Authority provide facilities for the dental care of these classes in conjunction with the School Dental Service. Details of the work carried out are given in Table F (Appendix II).

The following report has been submitted by the Chief Dental Officer :

"The loss of both Dental Auxiliaries by marriage, previously reported, was made good—one replacement being appointed in January and the other in March. In the latter month an additional part-time Dental Officer also joined the staff.

"By August the scheme for the postal notification of parents of the desirability of obtaining treatment for their three-year-olds was in full operation in all areas outside the Excepted Area of Bedford. It is hoped that it may be introduced there soon. It is probably too early as yet to assess its value, but already there appears to have been a worthwhile response.

"During the past year the number of children treated and courses of treatment completed rose by more than 20 per cent. This was coupled with a very marked increase in the number of fillings and an almost corresponding reduction in the number of teeth extracted. Ten per cent more treatment sessions had to be devoted to this work.

"The number of mothers treated remained at last year's increased figure."

### Family Planning

For many years the Authority have provided three clinics where women to whom "pregnancy would be detrimental to health" can obtain free advice and treatment. Supplies have normally been chargeable to each patient on a cost price basis but the County Medical Officer has been authorised to waive these charges in appropriate cases. The term "health" has always been interpreted in its widest sense to include many medical and social factors. As in previous years, referrals in 1967 stemmed largely from Local Authority staff and social workers, while a number were referred direct from general practitioners. In each case, however, advice was only given where there was a medical recommendation and the general practitioner was notified afterwards as to the type of treatment advised. Details of the attendances at each clinic in 1967 are given in Table III.

TABLE III—ATTENDANCES AT BIRTH CONTROL CLINICS, 1967

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances	No. of sessions
Bedford, Barford Avenue	52	263	419	25
Bedford, Putnoe ...	61	213	317	25
Dunstable, Kingsway ...	52	181	209	24
<b>TOTALS</b> ...	165	657	945	74

The Family Planning Association, on the other hand, have for some years provided clinics in Dunstable and Bedford which deal with all comers wishing contraceptive advice and treatment and this is not solely restricted to women in whom pregnancy would be detrimental to health. Furthermore expert advice is also given on marital difficulties and problems, and sterility. A national scale of charges is recommended by the Association and these are designed to cover the cost of all advice, treatment and procedures carried out. In certain instances it has been possible for Local Authority Medical Officers to refer cases to Family Planning Clinics.

The National Health Service (Family Planning) Act, 1967, conferred on local authorities power to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptive substances and appliances. In view of this, it was agreed at the end of the year that the Authority's service should be extended and additional clinics will be established as soon as possible. It was also decided that advice, examination, prescription and supplies will be given free in medical cases but that in non-medical cases charges on a cost price basis will be made for prescriptions and supplies only, the County Medical Officer being authorised to waive these at his discretion.



### **Children in Care**

The provision of residential homes and nurseries for children is the responsibility of the Children's Committee, the services of the Health Department's medical staff being utilised as and when required. Regular visits are paid to the homes to ensure that everything is in order from a health and hygiene point of view.

The County Medical Officer also arranges for children who are boarded out to be medically examined in accordance with Home Office Regulations. The usual practice is for the examination to be carried out by the general practitioner who attends the household.

### **Day Nurseries**

The only Local Authority Day Nursery is situated in Bedford Borough. After many years in unsatisfactory premises it was moved at the end of the year to other adapted premises. The number of approved places is 40 and the average daily attendance in 1967 was 30.

From time to time arrangements are made for a child residing near the borders of the County to be admitted to a day nursery in a neighbouring County.

### **Daily Minders**

As an alternative to providing Day Nurseries the County Council have a Daily Minder's Scheme for children who require to be cared for during the day. Under this Scheme a register is maintained of persons approved by the Council as suitable to receive children by day. For each day that a minder has a child she receives 5s. 0d. from the Authority and 2s. 6d. from the parent. The Scheme is not widely used and at the end of the year, there were six daily minders caring for six children. Close supervision is maintained by the health visitor.

## **NURSERIES AND CHILD MINDERS**

Private Day Nurseries are governed by The Nurseries and Child Minders Regulation Act, 1948, which requires the Local Health Authority to register premises, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days. Also, persons who for reward receive into their homes more than two children under the age of five years to be similarly looked after must be registered. At the end of the year three nurseries, providing for 96 children, and 71 daily minders looking after 615 children were so registered.

An interesting development in recent years has been the growth of voluntary play groups. These groups are intended for pre-school children and in a number of places are held in a local hall. In such

cases groups are required to be registered under that provision of the Nurseries and Child Minders Regulation Act which empowers a Local Health Authority to supervise premises, other than premises wholly or mainly used as private dwellings. At the end of 1967 there were 47 premises registered for play group purposes, five of them being in Bedford Borough.

### HEALTH VISITING

Although the work of the health visitor is in the main still concerned with families where there are young children, the aged and specialist services require more and more of her time. There is a tendency for her work to become more selective and for a closer association to develop with hospitals, general practitioners and other professional workers in the domiciliary field. In two cases, a health visitor is attached to a general practice—one in Bedford Borough and the other in the County area. Follow up visits are made, when necessary, to patients discharged from hospital or to those who fail to keep clinic or out-patient appointments. It is the accepted policy for the health visitor to also act in the capacity of school nurse.

The Authority have a scheme for selecting candidates and sponsoring them for health visitor training. This was greatly helped when the Stevenage College of Further Education commenced a course of health visitor training in September, 1967, to which six students were sent. With the national shortage of health visitors a great deal of consideration has been given to relieving them of their less specialised duties by employing clinic nurses. At the end of the year there were eight full-time and 12 part-time clinic nurses. This system works extremely well and is in accordance with the recommendations of the Ministry of Health. The staff comprised two full-time geriatric liaison health visitors, 33 full-time and seven part-time health visitor-school nurses and one health visitor undertaking comprehensive duties; i.e. health visiting, school nursing, home nursing and midwifery. There were also three full-time tuberculosis visitors. Six health visitors were designated Group Advisers, one of them being in Bedford Borough.

Until very recently, health visiting was exclusively a female occupation. There is now, however, a course of training at Aberdeen to which men are admitted and a male nurse in Bedford Borough was seconded for training in 1966. He successfully completed the course in July, 1967, and is now a health visiting officer. It is felt that there will be an increasing role for such officers in the health visiting service, particularly in such fields as health education, mental after-care, care of the elderly, problem families, venereal disease cases, alcoholics and the physically handicapped.

During the year, 18,195 children under five years of age were seen in their homes and visits were paid to 1,399 persons aged 65 or over. There were 144 persons visited after discharge from hospital and visits were also paid to 27 mentally disordered persons. In addition to home visiting, 2,673 attendances were made at child



welfare clinics. As described in the relevant paragraphs, the health visitors co-operate with the midwives in the mothercraft classes and also attend the sessions of the birth control clinics.

Arrangements are made for attendance at refresher courses and eight health visitors were sent during the year. In addition, four health visitors attended a course for Field Work Instructors to enable them to assist in the training of student health visitors.

### MIDWIVES SERVICE

Whole-time midwives are employed in Bedford, Biggleswade, Dunstable and Kempston, while in the remainder of the County nurse-midwives combine midwifery with home nursing. All told, there were 18 whole-time and two part-time midwives and 43 nurse-midwives (three being part-time). In addition there was one health visitor-nurse-midwife undertaking midwifery as part of comprehensive duties in a rural area. Non-medical supervision of midwives is undertaken by the Chief Nursing Officer and her assistants.

Of the midwives employed by the Authority, 15 are approved as training midwives by the Central Midwives Board to take pupils for the three months' district training that they are required to do for Part II of their course. During the year 45 pupil midwives completed their district training. A further 11 were in training at the end of the year.

Most expectant mothers have ante-natal care from the general practitioner and the domiciliary midwife. In Leighton Buzzard the domiciliary midwives have regular ante-natal sessions at the clinic. In the remainder of the County ante-natal supervision is undertaken either in the patients' homes or at joint ante-natal clinics held in the doctors' surgeries. Maternity outfits are supplied free to all domiciliary patients.

The number of domiciliary confinements attended by the midwives during the year was 1,965 and in all but 12 cases a doctor had been booked to provide maternity medical services. The proportion of all notified births (live and still) attributable to the Administrative County that took place at home was 36.4 per cent, compared with 36.5 per cent in 1966 and 37.4 per cent in 1965.

Under the National Health Service Act local health authorities are required to provide an adequate service of midwives to attend all women in their respective areas during the lying-in period. The minimum lying-in period is ten days and the maximum 28 days. In recent years there has been a substantial increase in the number of cases delivered in hospital and discharged early in the puerperium. A large proportion are in fact discharged at 48 hours into the care of the domiciliary midwife. In 1967 there were 1,527 women discharged before the tenth day.

During 1967, ten midwives attended refresher courses organised by the Royal College of Midwives and Miss Peck attended a course organised by The Association of Supervisors of Midwives.



### **Analgesia in Childbirth**

All the midwives are issued with Trilene machines. For the few patients intolerant to Trilene, gas and oxygen (Etonox) equipment is available. Midwives also carry Pethidine and Pethilorfan for the relief of pain in childbirth. Over 90 per cent of women attended by the midwives in their own homes receive analgesia.

### **HOME NURSING**

For various reasons, the number of patients attended by home nurses fluctuates from year to year. After dropping to 4,080 in 1966, the number increased sharply in 1967 to 5,042. This increase was in part due to an increase in the number of early discharges of surgical cases from hospital. The number of persons aged 65 years or over increased slightly to 1,707 but the proportion of elderly patients declined from 40.2 per cent in 1966 to 33.9 per cent in 1967. Only 146 children under five years of age required home nursing.

As stated in the paragraphs dealing with the Midwives Service, in the greater part of the County nurse-midwives combine home nursing with midwifery. There were, in addition to the 43 nurse-midwives (three part-time) and one health visitor-nurse-midwife already mentioned, 34 full-time and three part-time nurses. Of the full-time nurses eight were men and they continued to make a valuable contribution to the service. It is expected that the number of men so employed will be increased as the need arises. Supervision was maintained by the Chief Nursing Officer.

In order to maintain the high standard of efficiency of the Service nurses who are recruited may be sent away for district training if this has not already been undertaken. In many cases housing is provided for nurses and the Authority are very grateful to the various District Councils who have made suitable houses available.

The Queen's Institute of District Nursing and the Royal College of Nursing arrange refresher courses for district nurses. Nine nurses attended such courses during 1967.

### **DOMESTIC HELP**

Home Helps are provided for households where assistance is needed owing to the presence of any person who is ill, lying-in, an expectant mother, mentally subnormal, aged, or a child not over compulsory school age. The amount of help given varies according to the needs of the individual assisted. Thus in some cases whole-time assistance is given while in others one or two hours a day are all that is necessary. This service meets a great social need and by enabling people to remain in their own homes reduces the pressure on hospital accommodation. A charge is made based on the family income and liabilities, unless the person qualifies for free help. In general it is possible to provide a service throughout the County but in some rural areas the lack of public transport creates difficulties.



For administrative purposes the County is divided into two parts—the south (Dunstable, Leighton-Linslade and Luton Rural District) and the north (the remainder of the Administrative County, including Bedford Borough). For each area there is a full-time organiser. Altogether in 1967 there were six whole-time and 268 part-time home helps. The number of cases where help was provided during the year was 1,815, of whom 1,321 were aged 65 years or over. Of the remainder, 246 were maternity cases.

In addition to the Home Help Service, there is a Sitters-up Scheme. Sitters-up may be defined as individuals who undertake to be present in the homes of other people during the night for the purpose of rendering assistance of a personal nature to individuals who through age or illness need such assistance and cannot otherwise secure it. For some reason there has never been any great demand for this service and as a result it has not been possible to retain a panel of Sitters-up.

### **NURSING AUXILIARIES**

In 1966 a new domiciliary service was introduced to deal with the ever-increasing number of requests for help which did not require the skill of a trained nurse but needed more than the normal service provided by a home help. Full details were given in the Report for that year. Originally, two nursing auxiliaries were appointed and commenced duty in August, 1966. Three months later two more commenced work. In June, 1967, a further two auxiliaries were appointed. Each of the six is provided with a fully equipped van. During the year 6,270 visits were paid to 109 patients. At first, the large area covered by each auxiliary created problems in administering the service but the appointment of additional staff has reduced the time spent in travelling. The time thus saved has been utilised by accepting more patients for this type of help.

### **CARE OF THE ELDERLY**

Through the initiative of the Bedfordshire and Luton Executive Council, Geriatric Liaison Committees were set up in 1965 for Bedford and North Bedfordshire and Luton and South Bedfordshire. These committees consisted of members and officers. In April, 1967, the North West Metropolitan Regional Hospital Board recommended that geriatric liaison committees should be based on the areas served by general hospital management committees for geriatrics rather than on local health authority areas. Two other changes proposed were the inclusion of representatives of the Board and the restriction of membership to officers.

The Authority appointed a Geriatric liaison health visitor in 1966 to maintain contact with individual general practitioners, geriatricians, medical social workers, statutory bodies and voluntary agencies, and to make arrangements for the appropriate health visitor to visit. In 1967 a second appointment was made.

## AMBULANCE SERVICE

The County Council make direct provision of an ambulance service for the whole of the Administrative County. Arrangements exist however, for the Luton County Borough Ambulance Service to deal with all calls to accidents on that stretch of the M.1 motorway that is within the County.

There are five ambulance stations in the County, housing 23 ambulances, 15 dual-purpose vehicles and one car. All the vehicles are equipped with radio-telephones and there are control centres at Kempston (linked with Ampthill and Biggleswade) and Dunstable (linked with Leighton-Linslade). The system enables an ambulance to be diverted to an emergency without loss of time.

Because of the difficulties with traffic congestion in Bedford during the peak periods, an ambulance is stationed at Bedford General Hospital (North Wing) at such times to deal with accident calls.

TABLE IV—MILEAGE TRAVELLED AND PERSONS CARRIED BY COUNTY AMBULANCE SERVICE AND HOSPITAL CAR SERVICE, 1967

Station or service	Mileage	Persons carried			
		Accident	Sickness	Other	Total
Ambulance Station—					
Ampthill .. ..	114,058	907	10,397	314	11,618
Kempston .. ..	173,426	2,346	23,272	165	25,783
Biggleswade .. ..	138,537	1,272	17,086	1,444	19,802
Dunstable .. ..	98,063	1,799	9,813	432	12,044
Leighton—Linslade ..	79,658	692	8,936	6	9,634
	603,742	7,016	69,504	2,361	78,881
Hospital Car Service ..	261,620	—	6,818	3,281	10,099
	865,362	7,016	76,322	5,642	88,980

All ambulance personnel are required to hold a current first aid certificate. Following the recommendations of the Working Party on Ambulance Training which was published in 1966, arrangements were made during 1967 for six one-week courses of training to be carried out locally for new entrants to both the County and Luton Ambulance Services. In addition arrangements were made for advanced training to be given to the senior drivers by a qualified accident surgeon.

During the year, minor modifications were made to the engines of all vehicles to enable them to be fitted with surgical suction apparatus for use within the ambulance. This life-saving measure has already received favourable comment from accident surgeons.



Apart from emergency use, the apparatus is available for use by surgeons and nurses escorting patients in hospital transfer.

Considerable use is made of the Hospital Car Service. This is a voluntary scheme whereby private motorists give their services but receive a mileage payment in respect of running expenses. Wherever possible patients who have to travel long distances are sent by train. This was done on nine occasions during the year, two of the patients being stretcher cases. Where it is possible for a relative to accompany the patient, the Authority pay the fare.

Table IV shows the number of persons carried and miles travelled in 1967 by vehicles at each of the five stations and by the Hospital Car Service. Altogether the Council's vehicles recorded 603,742 miles, of which 7,362 were travelled on behalf of other authorities. A further 9,969 miles were travelled by other Ambulance Services in conveying Bedfordshire patients.

The ambulance staff employed comprised a Chief Ambulance Officer, a maintenance officer, five station officers, two deputy station officers and 74 driver-attendants.

Ministry of Health Circular 13/1967 proposed that the peace-time Ambulance Service should form the basis of a war-time service which would need to be expanded by the employment of volunteer drivers in a body to be known as the Ambulance Reserve. The Civil Defence (Ambulance and First Aid) Section was thereby abolished. Early in 1968 recruitment to the Ambulance Reserve was suspended on Government instructions, as was the training of members already recruited.

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

### **Tuberculosis and the Tuberculous**

Treatment is provided by the Regional Hospital Board and the Senior Chest Physicians at the Bedford and Luton Chest Clinics are jointly employed by the Board and the Local Health Authority. Three full-time tuberculosis visitors are employed by the Authority.

As far as tuberculous patients being nursed at home are concerned, domestic help, occupational therapy and medical comforts are available to them in common with those suffering from other illnesses.

Protection of contacts, schoolchildren and others against tuberculosis by means of B.C.G. vaccination is carried out as part of these provisions. Details are given in the next Section of the Report under the general heading of Vaccination and Immunisation.

### **Medical Comforts**

For the care and after-care of sick persons being nursed at home, the Authority provide certain nursing equipment and apparatus on loan. The items concerned are described generally as "medical comforts". The scheme is mainly operated on an agency basis by



the St. John Ambulance Brigade and the British Red Cross Society, who, in all, were running 23 Medical Comforts Depots in the County at the end of the year. The Authority make a small grant to the Bedford Headquarters of each body and pay 100 per cent of the cost of initial equipment, as well as 85 per cent of the cost of replacements.

### **Incontinence Pads**

In 1964, the Authority followed the recommendation of the Ministry of Health and introduced the provision of incontinence pads as part of their care and after-care arrangements. In 1967 the scheme was further extended in order that patients who are incontinent and yet able to get up during the day might have protective clothing in the form of waterproof pants or knickers with disposable linings. Generally the requests for this provision stem from the district nursing service, although a number of applications have been received from general practitioners. All requests are scrutinised by the nursing department, the cost being borne by the Authority.

### **Occupational Therapy**

Occupational therapy is that form of treatment which includes any occupation, mental or physical, definitely prescribed and guided by a doctor for the distinct purpose of contributing to and hastening the recovery from disease or injury, and of assisting in the social and environmental adjustment of individuals requiring long and indefinite periods of treatment. Rehabilitation takes various forms. Thus, for those who are suffering from a temporary physical disability, the aim is to restore full muscular function. Where the patient has a permanent physical disability, he is assisted to overcome it so that he may become independent as far as possible. With mental patients the aim is to enable them to once again take their place as normal members of the community.

Generally speaking diversional activity as a means of passing the time is not part of occupational therapy although it is realised that for some patients it is good for their morale and helps to create a mental attitude that is conducive to recovery. These patients can, however, be helped by any person who is proficient in craftwork and do not require the skilled services of an occupational therapist.

Although there were further staff changes, at the end of the year there were three full-time and one part-time occupational therapists in the County area and one working part-time in Bedford Borough.

### **Problem Families**

Because of their conditions of life and their failure to respond to the social assistance available, certain families present many difficulties to local authorities. In addition, there are families with problems which may well reach the point of causing a disruption of normal home life with consequent risk to the mental health of the children. The presence of such families imposes a burden on the various social agencies and not least on the health visitors who are



continually carrying out valuable preventative work and are often the first people to recognise the early symptoms of social inadequacy. Much of the effort to help such families is time consuming and for this reason suitably experienced social workers have been employed in the Health Department for some years to deal solely with this work. To avoid overlapping it was decided at the end of the year to transfer the two social workers in the County area to the Welfare Department. A third social worker is employed in the Borough of Bedford.

In suitable cases the Authority send mothers and their children (if under seven years of age) to a recuperative centre, such as Brentwood, for a period. The aims are to improve the health of the mother ; give personal assistance with her problems and to encourage a higher standard of home management ; and to encourage the healthy and happy development of the children.

### **Convalescence**

When no treatment is required the Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board, a charge being made depending upon the family's financial circumstances. It is under this scheme that the mothers mentioned in the preceding paragraph are sent to recuperative centres when the need arises. In most cases, however, the scheme is used for those mothers who are overburdened to such an extent that their health is suffering.

### **Cervical Cytology**

Cancer of the cervix is one of the most important and frequent forms of cancer affecting women. The peak incidence is from 40 to 50 years of age though many cases occur in the thirties. Since the most important factor in prognosis is the extension which has occurred when treatment has started, the discovery that microscopic changes are apparent long before gross changes occur became an invaluable tool in the early diagnosis of cervical cancer. This procedure is now colloquially known as the cervical smear test.

In the last Report a brief description was given of the steps taken to introduce a screening service for cancer of the cervix. The first regular clinic for this purpose was opened in Dunstable at the beginning of 1967 and was soon followed by another at Biggleswade. At first there was a waiting list but unfortunately once this had been cleared, there was a disappointing response to the facilities available. Accordingly, outside Dunstable clinics are now held in Ampthill, Biggleswade, Clapham, Kempston, Sandy, Shefford and Stotfold as required. In Bedford Borough a weekly clinic was commenced in July, 1967.

### **Chiropody Service**

A Chiropody Service is provided for the elderly, expectant mothers, and registered handicapped persons. In some areas of the County the service for the elderly is provided through voluntary

organisations operating "Clubs" and in those cases where the chiropodist concerned is not one of the four whole-time chiropodists employed by the Authority, the net cost to the "Club" of providing a service is met by the Authority.

The four whole-time chiropodists hold clinics at Ampthill, Bedford, Biggleswade, Dunstable, Houghton Regis, Leighton-Linslade and Shefford. They also undertake a good deal of visiting of home-bound patients needing chiropodial treatment.

It will be seen from Table V that during the year 3,994 persons were treated on 33,278 occasions. The treatments provided in Old People's Homes are undertaken by private chiropodists under arrangements made by the Welfare Committee.

TABLE V—NUMBER OF PERSONS RECEIVING CHIROPODY TREATMENT IN 1967, WITH NUMBER OF TREATMENTS AND WHERE GIVEN

	By Local Health Authority	By Voluntary Organisations	Total
Clinics ... ..	6,834	7,447	14,281
Patients' Homes ... ..	6,033	4,268	10,301
Old People's Homes ... ..	3,746	—	3,746
Chiropodists' Surgeries ... ..	4,950	—	4,950
	21,563	11,715	33,994
No. of persons ... ..	2,493	1,501	3,994

## MENTAL HEALTH SERVICE

Table VI sets out the number of cases referred and the sources from which referred for both mental illness and mental handicap. Again there was a slight fall in the number of cases of mental illness referred direct to the Service, but the number of new cases investigated on behalf of the Bedford Psychiatric Out-Patients' Clinic, which are not included in these figures, rose for the third successive year (71 : 101 : 128). The Clinic was extended to two sessions a week in September. In mental handicap the referrals were virtually the same in number (103 : 100) but included less new cases.

The sex-age distribution of cases of mental illness referred which is set out in Table VII again shows the usual preponderance of women and the proportion of patients of 60 years of age and over is maintained at nearly one-third of the total.

The Training Workshop in Bedford for mentally handicapped adults has now been in use for a year and a half and a note on its operation is contained in Appendix I. Seventy-seven of the nominal ninety places were occupied at 31st December. At that date 39 trainees from South Bedfordshire were attending Luton County



Borough's Adult Centre. Thus almost the whole of the anticipated one-third of the available places have been taken up. The County Borough will be extending the unit as soon as circumstances permit.

Although at the end of the year two vacancies are shown at Kempston and one at Dunstable Junior Centres these places were only temporarily unoccupied. Happily only five children and no adults were waiting for places, but there is a considerable number of children who are expected to need places in the near future. This need will be met for the time being by extra classrooms shortly to be built.

TABLE VI—SOURCES FROM WHICH CASES OF MENTAL ILLNESS AND MENTAL SUBNORMALITY WERE REFERRED, 1967

Source	Mentally Ill	Mentally Subnormal & Severely Subnormal
General Practitioners ... ..	547	7
General Hospitals ... ..	50	3
Fairfield Hospital ... ..	58	1
Relatives ... ..	42	22
Police ... ..	33	2
Patients themselves ... ..	28	1
Welfare Department ... ..	8	1
Bedford Psychiatric Clinic ... ..	10	—
Neighbours and Friends ... ..	18	2
Probation Service ... ..	6	2
Other Departments (excluding Welfare) ... ..	2	10
Psychiatric Hospitals outside County ... ..	4	—
Health Visitors ... ..	4	7
Ministry of Social Security ... ..	4	—
Child Health Service ... ..	—	7
Other Local Health Authorities ... ..	—	12
Hospitals for the Subnormal ... ..	—	10
Other Sources ... ..	23	13
<b>Totals ... ..</b>	<b>837</b>	<b>100*</b>

\* 61 old ; 39 new

The number of cases of mental handicap under care in the community again rose a little (405 : 432) but the number of cases of mental illness rose by over 22 per cent (140 : 171) to approximately the 1965 figure (181). Both these increases may be a reflection of another year's experience acquired by the field staff, most of whom are being trained in-Service by a combination of part-time release with consultation and supervision by senior officers. The situation was also improved by the return in September, on successful completion of training as a Psychiatric Social Worker, of Mr. R. L.

Kilby, Senior Mental Welfare Officer in the north of the County. At the same time, there was a significant decrease in the number of patients admitted to hospital compulsorily (140 : 128) and informally (261 : 241). There is little doubt that the ability to achieve solutions of patients' problems in ways other than by admitting them to hospital bears a close relationship to the level of experience and training of the Officers concerned.

Details of action taken were as follows :

COMPULSORY ACTION :

Admitted to Hospital—

for Observation (Emergency) ... ..	66
for Observation ... ..	46
for Treatment ... ..	16

NON-COMPULSORY ACTION :

Admitted to Hospital informally ... ..	242
Placed under Community Care ... ..	123
Other Action ... ..	434

Total ... ..	927
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The waiting list for hospital care remained small but mainly consisted of young mentally handicapped children who present a major problem of management in their own homes. There was also occasionally some difficulty in obtaining hospital care for cases of senile and arterio-sclerotic dementia, particularly women. For the

TABLE VII—SEX-AGE DISTRIBUTION OF CASES OF MENTAL ILLNESS REFERRED IN 1967

	Age							Totals
	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	
Males ..	25	46	73	64	39	27	14	288
Females ..	18	70	109	86	69	68	129	549
Totals ..	43	116	182	150	108	95	143	837

lesser degrees of mental deterioration, "Rivermead", a home for the elderly mentally infirm at Kempston fulfilled an extremely useful role. A note on this unit is contained in Appendix I.

As was forecast in the Report for 1965, the need for residential, as opposed to hospital, care has continued to grow particularly in



the field of mental handicap and increasingly with children. At 31st December, two mentally ill adults, four mentally handicapped adults and ten mentally handicapped children were in residential homes in various parts of the country. Five cases ceased to be a charge to the Authority during the year, two by achieving independent employment, one by death, one by return to hospital care and one by absconding. Work on the first of the Authority's own hostels for mentally handicapped adults should start early in the new year.

## HEALTH EDUCATION

As stated earlier in this Report, health visitors and midwives combined in many areas to provide mothercraft classes for expectant mothers. Members of the health visiting staff participated in courses on human relations in seven secondary modern schools and in a new course on Child Care at Mander College. Another school was provided with talks and visits were arranged for pupils taking a course on human biology. A new venture was undertaken in Leighton Buzzard with a health visitor giving a weekly hygiene talk in a primary school.

One of the functions of the Health Education Officer is to provide help and information and many requests from schools, students, youth leaders, etc. were dealt with during the year. In addition he gave a number of talks to various organisations, most of which hold evening meetings. Many other members of the staff also gave talks.

In the field of dental health education, the dental auxiliaries were active and gave many talks in schools. Not only does this work lead to an improved state of dental hygiene but there is a greater willingness to visit the dentist regularly and to have treatment when required.

Much attention continued to be given to Home Safety and the Health Education Officer represented the Health Department on the Area 9 Home Safety Council and the Dunstable, Bedford and North Bedfordshire, and Biggleswade and District Home Safety Committees.

On the 1st March a study day was held on "The Care of the Elderly" and repeated the next day. In this way it was possible for practically all the medical, nursing and health visiting staff to attend, as well as mental welfare officers and representatives of the Welfare Department. The speakers were Dr. S. Caruana and Miss P. Collyer of the Central Council for Health Education and both days were a great success.

### SECTION III

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PREVALENCE OF, AND CONTROL OVER,  
COMMUNICABLE DISEASES:  
OTHER HEALTH MATTERS



## NOTIFIABLE DISEASES

The Report for 1966 gave a brief history of the notification of disease and an account of the procedure. Notifications are made to the Medical Officers of Health for the County Districts, and they in turn inform the County Medical Officer. In addition, they submit quarterly returns, in which the figures are corrected for any changes in diagnosis and are, therefore, assumed to relate to confirmed cases. Table VIII has been compiled from these quarterly returns. In considering the figures it must be remembered that while those for the more serious diseases are likely to be a true indication of incidence, the others tell only part of the story. This is not to say that the

TABLE VIII—NUMBER OF CASES OF NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN EACH DISTRICT OF THE ADMINISTRATIVE COUNTY, 1967

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton—Linslade Urban	Luton Rural	Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural						
Malaria .. .. .	—	—	—	1	—	—	—	—	—	—	—	1
Acute Encephalitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .. .. .	2	7	49	12	1	7	23	9	19	10	21	160
Whooping Cough .. .. .	—	53	30	27	3	4	18	2	18	27	25	207
Measles .. .. .	78	504	336	325	105	636	646	47	178	331	124	3,310
Poliomyelitis—												
Paralytic .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection .. .. .	—	—	—	1	—	—	—	—	—	—	—	1
Erysipelas .. .. .	—	1	—	4	—	—	1	1	—	—	—	7
Acute Pneumonia—												
(Primary or Infl.) .. .. .	—	1	17	4	—	1	1	1	—	—	—	25
Typhoid Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever .. .. .	—	—	—	—	—	—	1	—	—	—	—	1
Dysentery .. .. .	1	—	322	55	26	38	1	12	—	4	1	460
Food Poisoning .. .. .	—	—	34	9	—	—	1	1	2	1	—	48
Infective Hepatitis (including Jaundice) .. .. .	—	2	28	19	—	1	—	17	—	1	4	72
Puerperal Pyrexia .. .. .	—	1	59	—	—	—	—	—	2	1	—	63
Ophthalmia Neonatorum .. .. .	—	—	2	—	—	—	—	—	—	2	—	4
Tuberculosis—												
Respiratory .. .. .	3	1	23	6	—	2	2	4	5	1	—	47
Meninges and C.N.S. .. .. .	—	—	2	—	—	—	—	—	—	—	—	2
Other .. .. .	—	2	6	3	—	1	—	1	—	3	1	17
<b>TOTALS .. .. .</b>	<b>84</b>	<b>572</b>	<b>908</b>	<b>466</b>	<b>135</b>	<b>690</b>	<b>694</b>	<b>95</b>	<b>224</b>	<b>381</b>	<b>176</b>	<b>4,425</b>

figures are without value. Even with partial notification it is possible to follow the trends of the various diseases both in time and place.

As in previous years, three-quarters of all cases notified were measles. There were 207 cases of whooping cough and this was only the second time since 1958 that the number of cases notified in the area of the administrative County has exceeded two hundred. There was a sharp increase in the number of notifications of dysentery, mainly in Bedford Borough.

## VACCINATION AND IMMUNISATION

On the 1st April, 1967, payment to general practitioners for vaccination and immunisation records ceased to be a responsibility of Local Health Authorities and was transferred to Executive Councils. Arrangements were made for the Authority to be supplied with information about the patients treated. All forms of vaccination and immunisation are voluntary and every effort is made to persuade parents to have their children protected, either by the family doctor or at the child welfare centre.

### Smallpox

Towards the end of 1967 arrangements were made to provide vaccination against smallpox in the Council's clinics. Previously all routine smallpox vaccination was undertaken by general practitioners. Table IX gives the number of children in various age-groups vaccinated during 1967. There was an increase of 223 in the number of one-year old babies vaccinated. Of children born in 1966, approximately 27 per cent had been vaccinated by the end of 1967.

TABLE IX—NUMBER OF CHILDREN VACCINATED OR REVACCINATED, 1967, BY AGE-GROUPS

Age at date of vaccination	Vaccinated	Revaccinated
0-	148	—
1-	1,403	2
2-4	1,399	33
5-15	326	334
Total	3,276	369

### Diphtheria, Whooping Cough and Tetanus

The general practice today is for children to receive a triple antigen against diphtheria, whooping cough (pertussis) and tetanus, normally given in three injections at monthly intervals in the first year of life. A booster injection of the triple antigen is then given



about a year later. To maintain the protection against diphtheria, further booster doses (usually in combination with tetanus toxoid) are given when the child starts school and again in the last year at primary school. Full details of immunisations completed in 1967 are given in Tables H and I of Appendix II. Of children born in 1966, 81.2 per cent had been protected against diphtheria by the end of 1967.

### **Poliomyelitis**

Details of the number of children who received protection against poliomyelitis in 1967 are given in Tables H and I of Appendix II. By the end of the year, 86.4 per cent of children born in 1966 had been vaccinated.

### **Measles**

Throughout the year, measles vaccine was available to children in Bedford Borough as part of the trials being undertaken by the Medical Research Council.

### **Tuberculosis**

Although the post-war era has seen a dramatic reduction in the mortality from respiratory tuberculosis, the disease still occurs and every effort must still be made to combat it. The County Council have a scheme for giving protection against tuberculosis by means of B.C.G. vaccination to children in their last year at school and to students attending universities, technical colleges and other establishments of further education.

As contact with the disease often stimulates the body's defensive mechanism, a skin test is first performed to determine whether this has happened. Anyone giving a positive result does not require vaccination but must be referred to the Chest Clinic for further investigation.

In 1967, the number of schoolchildren and students skin tested was 3,516 of whom 2,938 were found to be negative. All but 14 of these were vaccinated. Those who gave positive results were referred to the Chest Clinics. Many of them, not unnaturally, were already known. The remainder were investigated but only one, in Bedford Borough, was found to have active infection.

There is also a scheme for vaccinating suitable contacts of tuberculosis patients. Altogether 638 contacts were skin tested and 184 were found to be positive. Of those that were negative 141 were vaccinated.

The increasing use of B.C.G. vaccination and the decline in the tuberculosis infection rate must not lead to any relaxation in the efforts to seek out cases and to institute effective treatment so that

the patient becomes non-infectious as quickly as possible. Mass-radiography is still an important instrument for detection and Units from the Regional Hospital Board visit various parts of the County every three years. In addition, the Board provides weekly sessions in certain centres to which general practitioners can refer patients for chest X-ray.

### VENEREAL DISEASES

Venereal diseases are not notifiable and it is not possible to ascertain accurately the incidence of the various conditions within the County. Diagnosis and treatment are the responsibility of the Regional Hospital Board and Special Clinics are held at Bedford General Hospital (South Wing) and St. Mary's Hospital, Luton. A nursing auxiliary employed by the Authority is attached to the Bedford Clinic to follow up patients and to trace contacts. It is known that some Bedfordshire residents seek treatment at Clinics outside the County but the number is probably small. The numbers of new cases of venereal disease presenting themselves to the two

TABLE X—NEW CASES OF VENEREAL DISEASE TREATED AT SPECIAL CLINICS IN BEDFORDSHIRE, 1950-67

	Syphilis		Gonorrhoea		Other Conditions	
	M.	F.	M.	F.	M.	F.
1950	57	39	113	33	261	192
1951	19	31	79	18	244	198
1952	27	31	60	23	228	176
1953	21	23	55	28	249	173
1954	21	11	50	26	284	152
1955	12	14	53	30	233	188
1956	12	17	47	12	250	149
1957	18	10	96	16	258	121
1958	20	12	120	25	298	109
1959	17	10	135	21	325	133
1960	14	16	202	39	376	171
1961	23	13	225	50	476	245
1962	12	10	277	35	425	250
1963	25	10	304	70	556	285
1964	23	12	248	78	530	387
1965	34	10	224	69	587	322
1966	31	16	225	56	572	354
1967	39	14	274	80	592	329

Special Clinics each year since 1950 are given in Table X. Cases of re-infection after successful treatment are counted as new cases but cases which have already been seen elsewhere are not. The figures for the Luton Clinic include residents of Luton County Borough.

Although there was a marked drop in the number of new cases of syphilis at the Bedford Clinic, this was more than offset by an



increase in new cases at the Luton Clinic. On the other hand, an increase of 80 new cases of gonorrhoea at the Bedford Clinic was accompanied by a decrease of seven in the south.

Of the 39 males reported as new cases of syphilis in 1967, 19 had either the primary or secondary form of the disease. All but two of these were aged 25 years or over. Only three females had primary or secondary syphilis and all were 25 years or over.

Just over two-thirds (192) of the males with gonorrhoea were 25 years or over; 66 were aged 20-24 years; and the remainder were aged 16-19 years. In females, on the other hand, less than half (32) were 25 years or over; 24 were aged 20-24 years; 22 were aged 16-19 years; and two were under 16 years of age.

## **INSPECTION AND SUPERVISION OF FOOD**

Under the Food and Drugs Act, 1955, the County Council are the Food and Drugs Authority for the Administrative County excluding the Borough of Bedford and are responsible for enforcing those provisions of the Act designed to secure that food intended for human consumption is not so treated as to render it injurious to health, that drugs are not adulterated, that no food or drug is falsely labelled or advertised, that milk intended for sale for human consumption is not adulterated or misrepresented and that there shall be no misuse of the designation "cream". In addition, the Council have a duty throughout the County to prohibit the sale of milk from diseased cows. All other provisions of the Act are enforced by the district councils.

Since the resignation of the County Health Inspector at the beginning of 1963, food samples have been taken by the Trading Standards Department and milk samples by the Milk Sampling Officer employed in the Health Department. This officer has also been responsible for investigating applications for licences by milk dealers, inspection of waste food boiling plants, sampling of swimming pool water and the collection of specimens from Air Pollution Stations. During 1967 the growth of her non-sampling duties coupled with her impending retirement led to a careful examination of the situation and it was eventually decided to re-appoint a County Health Inspector who would be assisted by a part-time milk sampling officer. The new Inspector took up his duties on the 1st January, 1968.

## **MILK SAMPLING**

Samples of milk are taken for various reasons. The tests to which the samples are subjected are of two kinds—chemical and bacteriological. The former tests are carried out by the public analyst to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. The law presumes, until the contrary is proved, that the milk is not genuine

if it contains less than three per cent of milk-fat or less than 8.5 per cent of milk solids other than fat. In the case of Channel Islands milk the fat content must be at least four per cent. The standards are low and most milks today have a much higher fat content. Thus, as will be seen in Table XI, the average percentage of milk-fat in unadulterated samples of Channel Islands milk taken during 1967 was 4.5 and of other milk 3.7.

Altogether 395 samples of milk were submitted for analysis. Of these, one was deficient in milk-fat and solids, and one was deficient in fat. Further samples were satisfactory.

The bacteriological examination of milk is undertaken by the Public Health Laboratory Service. In the case of pasteurised milk, tests are carried out to determine the keeping quality and the effi-

TABLE XI—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED SAMPLES OF MILK, 1967

	Channel Islands Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ..	8	4.7	24	4.2	32	4.3
February ..	12	4.4	18	3.5	30	3.8
March ..	11	4.5	29	3.6	40	3.9
April ..	9	4.3	19	3.5	28	3.8
May .. ..	6	4.9	20	3.6	26	3.9
June .. ..	16	4.4	32	3.5	48	3.8
July .. ..	6	4.3	36	3.6	42	3.7
August ..	7	4.5	12	3.5	19	3.9
September ..	9	4.5	30	3.9	39	4.0
October ..	10	4.4	20	3.6	30	3.9
November ..	9	4.7	28	3.8	37	4.0
December ..	6	4.7	13	3.9	19	4.2
TOTALS ..	109	4.5	281	3.7	390	3.9



ciency of pasteurisation. During the year, 36 routine samples were taken at the only pasteurising plant in the County area. A close watch was kept on milk supplied to children attending maintained schools in the County area. Of 211 samples taken, only five were unsatisfactory and in each case a follow-up sample was satisfactory. In addition 269 samples of milk were taken from retailers (including vans and vending machines) and of these nine were unsatisfactory. Further samples were taken in these cases and were satisfactory.

Close watch is kept on untreated milk for the presence of brucella abortus. This organism is responsible for contagious abortion in cattle and for brucellosis or undulant fever in humans. Whenever a sample from the herd of a producer-retailer is found to contain brucella further samples are taken from each animal in the herd in order to isolate those infected. The farmer is then informed so that he can seek veterinary advice. He is also told that milk from the infected animals cannot be sold unless it has first been pasteurised. This embargo remains in force until the animals are free from infection.

During the year, no sample of milk from a herd indicated the presence of brucella. As a routine, samples of milk awaiting pasteurisation are also examined for brucella. Altogether, out of 717 samples of untreated milk, the organism was found on four occasions. In each case the farmer was informed but no further action was taken because of restrictions against the spread of Foot and Mouth Disease.

It is important that every precaution shall be taken to avoid the re-appearance of tuberculosis in cattle and the veterinary officers of the Ministry of Agriculture, Fisheries and Food undertake periodical inspections. In addition, 113 of the samples of untreated milk already mentioned were tested for tuberculosis by guinea pig inoculation. They were all free from infection.

Over one thousand of all the milk samples, pasteurised and untreated, sent to the Public Health Laboratory were examined for the presence of antibiotics. In no case was any antibiotic detected.

## ICE-CREAM

The manufacture and sale of ice-cream are controlled by the Food Standards (Ice-cream) Regulations, 1959 and the Labelling of Food (Amendment) Regulations, 1959. During the year, 18 samples of ice-cream were submitted to the public analyst and were found to comply with both sets of Regulations. The fat content of the samples ranged from 8.1 per cent to 14.0 per cent, with an average of 10.8 per cent.

To ensure that ice-cream is bacteriologically satisfactory, the district councils have samples taken and submitted to the Public Health Laboratory Service.

## FOOD AND DRUGS

There were 24 formal and 396 informal samples of food and drugs, other than milk and ice-cream, taken and analysed during the year. In ten instances an irregularity was disclosed, details of which are given in Table J of the Appendix. On only one occasion was it necessary to take legal proceedings.

In addition to routine sampling, complaints by members of the public were investigated and in a number of cases articles were submitted for analysis. Three complaints concerned dirty milk bottles and in one case the dairyman was successfully prosecuted. Two bakers were warned after complaints of foreign matter in bread.

A less usual complaint was from a purchaser who submitted a tin of stewed steak in gravy which he suspected contained horseflesh. Analysis failed to reveal any evidence of this.

## PESTICIDES

A number of sampling authorities are co-operating in a special scheme of analysis for pesticide and other residues in foodstuffs. As part of this scheme sixteen nominated articles were submitted during the twelve months ended 31st July, 1967. They consisted of eight samples of the brassica variety, two of lettuce, two of peas, two of tomatoes and two of tea. One sample of cauliflower was certified to contain .025 parts per million of Aldrin. No other signs of contamination were found.

## MERCHANDISE MARKS

During the year, 281 formal visits were made to shops, stalls and vans. In 32 cases failure to mark imported goods as required by the various Orders made under the Merchandise Marks Act, 1926, was disclosed. On each occasion a verbal warning was given.

## WASTE FOODS

Waste foods may, if not boiled for at least one hour, spread foot and mouth and other diseases. The Diseases of Animals (Waste Foods) Order, 1957 requires substantial collectors of waste food to be licensed and use an approved boiling plant. The licensing authorities in the administrative County are the Bedford Borough Council and the County Council for the remainder of the County. In the County area the number of licences in force at the 31st December, 1967 was 27. All the premises were inspected during the year.

## STAFF MEDICAL EXAMINATIONS

In addition to duties in connection with maternity and child welfare and the school health services, the medical officers are called upon to carry out medical examinations of successful applicants for



posts with the County Council, the Police, and the Water Board as well as applicants for admission to Colleges of Education. Examinations are also undertaken when required to determine whether an individual is fit to carry on his normal duties. Altogether 645 persons were examined in 1967. In many cases, an examination is not required if the candidate can furnish a satisfactory statement of health. These statements of which there were 486 in 1967 are scrutinised by a medical officer.

### **NURSING HOMES**

The County Council are the responsible authority for the registration and supervision of nursing homes, but their powers and duties in respect of premises in Bedford are delegated to the Borough Council. Taking the County as a whole, one home closed down during the year so that there were three registered at the 31st December. Two of them were in Bedford Borough.

### **NURSES AGENCIES**

There is only one Agency in the County and it is licensed and supervised by the County Council under the Nurses Agencies Act, 1957.

### **SWIMMING BATHS**

At the end of the year 96 schools had facilities for swimming instruction. In addition, there is a swimming bath at the Council's residential special school at St. Margaret's, Great Gaddesden, Hertfordshire. Visits were paid by the Sampling Officer to all these schools and to the California Pool, Dunstable, which is used for swimming instruction by local schools. 308 samples of water were taken to ensure that conditions were satisfactory.

### **BLIND PERSONS**

Under the National Assistance Act, 1948, the Welfare Committee of the County Council is responsible for the welfare of blind persons in the County, but in Bedford the responsibility has been delegated to the Borough Council.

Before a person is admitted to the Blind Persons Register he is examined by an ophthalmic specialist who completes a form B.D.8. Forms B.D.8 in respect of 48 blind persons who were registered in the County area in 1967 have been examined and details are given in Table K (Appendix II). At the end of the year, the number of blind persons in the County area was 421, comprising 153 men, 253 women, and 15 children.

Four infants were notified as suffering from *Ophthalmia Neonatorum* during the year. All made a complete recovery.

APPENDIX I

SPECIAL ARTICLES

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1. "Rivermead," Kempston
2. Training Workshop for Mentally Handicapped Adults, Bedford



## “ RIVERMEAD,” KEMPSTON

### Home for the Elderly Mentally Infirm

This Home was planned to meet the needs of elderly persons beyond care in their own or their families' homes, who are physically too well to need general or geriatric hospital care, mentally too well for psychiatric hospital care, and yet mentally too disturbed for care in ordinary Residential Homes provided under Part III of the National Assistance Act, 1948.

The Unit provides 35 beds and came into operation on 6th April, 1964. The original criteria for admission were laid down as “the mildly confused elderly patient, with perhaps lesser degrees of restlessness, who would not be suitably placed in an ordinary Residential Home. The presence of severe physical handicap or illness or a remediable mental disturbance would render the patient unsuitable for admission”.

Experience in operating the Unit has made it necessary to add that incontinence, other than an occasional mishap, now disqualifies for admission.

Since its opening, 135 residents, with an age range from 64 to 94 years, have been admitted as under :

From:	Family Home	Part III Home	General and Geriatric Hosp.	Psychiatric Hospital	Private N/Home	Total
Male ..	10	1	3	1	2	17
Female ..	38	11	41	6	2	118
Total ..	68	12	44	7	4	135

Discharges have taken place as follows :

To:	Family Home	Part III Home	General and Geriatric Hosp.	Psychiatric Hospital	Deaths	Total
Male ..	4	—	3	7	3	17
Female ..	4	—	25	14	40	83
Total ..	8	—	28	21	43	100

The very heavy preponderance of female residents will be noted.

Of the 28 residents transferred to general and geriatric hospitals, 11 were on account of general physical deterioration with double incontinence and immobility, i.e. needing continuous nursing care. Of the 21 transferred to psychiatric hospitals, 11 were on account of general mental deterioration and restless wandering, i.e. needing continuous observation. The remainder of the transfers to hospitals were for specific physical or mental conditions.

Thus it will be clear that the greatest problem has been, not unexpectedly, deterioration from a physical or a mental point of view, or both. This deterioration has meant that many residents are unable to appreciate the amenities of the Home except in a marginal way, and their tendency to restlessness and wandering has made it impossible to maintain the principle of the "open door". Nevertheless, there have been positive advantages apparent over the four years of operation :

1. Nearly 60 per cent more beds have been freed by admissions from general and geriatric hospitals than have been taken up by transfers to them.
2. Although three times as many residents have been transferred to psychiatric hospitals as have been received from this source, 114 residents have been relieved of the necessity to enter or return to such hospitals, a course which engenders great distress in families.
3. For 86 residents, the necessity for any kind of hospital care has been avoided.
4. The 35 available beds have each been used nearly four times over in four years, i.e. on average almost a complete turnover each year.
5. The evident satisfaction of residents' families with the physical surroundings and level of care afforded to their elderly relatives.

From the condition of potential residents on referral, it is clear that relatives, friends and neighbours usually carry on coping with enormous burdens of care and sacrifice, often even to the point of jeopardising their own health. Old people are notoriously, but not unnaturally, reluctant to leave the familiar surroundings of their own homes and, very properly, they must agree, or at least not actively object to admission before they can be accepted. These two factors tend to delay referral until deterioration is more advanced than would be preferred.

The presence in the Home of at least a proportion of residents able to carry on a rational conversation, capable of limited outings, enjoyment of television and so on, would certainly lessen the problems of management of the Unit and some progress in this direction has recently been made.

"Rivermead" is clearly meeting a need for care, other than hospital care, for a significant number of deteriorating elderly people and making a substantial contribution to relieving demand for hospital beds.



## TRAINING WORKSHOP FOR MENTALLY HANDICAPPED ADULTS, BEDFORD

This Unit came into operation on 6th June, 1966, with the 34 older boys and girls, men and women from the Kempston Junior Training Centre. Owing to the pressure for Junior places, all those of fifteen years of age or older were included for transfer and the inclusion of children this one year younger did not create any special problems. Numbers rose to 51 by the end of 1966 and to 77 by December, 1967. The initial slow build-up was in part deliberate, as all the appointed staff other than the Manager and the Senior Male Instructor were new to the work. An additional factor, however, was that some 20 to 30 older mentally handicapped persons who had been assessed as suitable for the Workshop, declined the offer of places. None had previously had the opportunity to attend a Centre of any kind. Some were usefully engaged in helping their parents at home. Others did odd jobs, ran errands, etc., in their immediate neighbourhood. A few could not (or their parents could not) face a radical change in the pattern of their lives. This situation is unlikely to recur, as those who have spent their childhood in a Junior Centre move on to the Adult Workshop without major difficulty, and their parents now rightly expect this provision as a matter of course. Be that as it may, had this group all accepted admission, the Unit would have been near maximum occupancy by the end of 1967.

In June, 1967, after discussions between the County Medical Officer and the Medical Superintendent of Bromham Hospital for the subnormal, a small group of male patients from that hospital was admitted to the Workshop. All were patients considered suitable for transfer to home or hostel care when this should become available. By the end of 1967, sixteen patients (eight male and eight female) were attending, one originating from Hertfordshire and two from the County Borough of Luton and being paid for by those Authorities. One man from an area transferred from Bedfordshire to Huntingdonshire by a boundary change, and one moving with his family just over the border into Buckinghamshire continued to attend by arrangement with and payment by the Authorities concerned.

Although nominally built to accommodate 90 trainees, their distribution between the various work areas, including the gardens, would almost certainly permit the attendance of 100 to 110. On this basis, transfers of children from the Junior Centre at age 15/16 would bring the Unit up to full occupancy by about 1975. During 1967, however, a new factor emerged. There had always been a small proportion of children leaving Special Schools at age 16 who had failed to make the grade into employment in open industry. Until the Workshop opened, the pattern for these children had been of repeated trial and failure in a variety of jobs, until the Youth Employment Officer and the parents were at their wits' end, and the child had become thoroughly discouraged, apathetic and expectant of continued failure. Discussions on this problem took place between



the County Youth Employment Officer and the Chief Mental Welfare Officer soon after the Workshop opened. It was agreed that it would be a mistake automatically to consider admission to the Workshop unless either the likelihood of normal employment was extremely remote or some (but not too many) attempts to find open employment had failed. A balance had to be maintained between using the Workshop as a simple, automatic answer to the Youth Employment Officer's problems and creating, by continued unsuccessful trials, an atmosphere conducive of failure. In some cases, it was expected that open employment would have to be tried, if only to convince the parents of the necessity for the child to have a period of training in the Workshop.

During 1967, eleven children in this category were admitted to the Workshop. One only was successfully placed into open employment before the end of the year. Three others were under consideration. Even assuming that a larger proportion will eventually achieve this goal, it appears likely that for some years there will be a substantial cumulative net increase in numbers from this source. Using an arbitrary but conservative figure of about 60 per cent of the 1967 intake from the Special Schools, the picture of place occupancy is changed radically, and the numbers attending are likely to reach 100-110 by 1970, five years earlier than otherwise would have been anticipated. Adjustments in the forward Capital Programme have been made to allow for the provision of additional Workshop places, but the present financial situation and other priority demands make this unlikely before 1972/73.

Staff has been increased to keep pace with the increasing number of trainees. Now employed, under the day-to-day direction of the Manager, are a Senior Male Instructor/Deputy Manager, three male and three female Instructors. It has not been possible to recruit a suitably trained and/or experienced Senior Female Instructor specifically to undertake domestic and social training. Existing staff have been deployed to cover some of this part of the training programme, and in October, a part-time Teacher was appointed to attend on four afternoons a week to give concentrated instruction on word recognition, number, money, simple reading and writing, etc., to small groups of trainees likely to benefit.

The Workshop was always intended to be a training unit in the fullest sense of the word. It was neither to be purely an occupation centre nor a sheltered workshop in the Ministry of Labour's terms. It was anticipated that the rate of trainees' progression to open industry would be very low, most of them having graduated from the Junior Training Centre with an I.Q. of 45-50 or less. The main provision was, of course, for employment in a "work" rather than a "school" atmosphere, but at the same time provision was made for domestic, social and personal training on the basis of a "whole person" approach. It was made clear to the Staff from the outset that production, though important, was not to be the be-all and end-all of the Unit. In Workshops of this kind, undertaking contract



work for outside industry, the necessity to meet delivery dates can very easily vitiate any plans for other facets of training. At the same time, two principles must be observed—(a) that the normal market price is paid by industry for work done and goods produced, as without this requirement the Unit will be accused of exploitation and/or undercutting; and (b) that the standard of work produced matches industry's requirements and is not tailored to meet the level of ability of the trainees. The Unit should not be looking for sales or work on a charity basis.

The work undertaken is specially chosen for its training value, bearing in mind that the level of ability of trainees varies widely and all should be able to participate. Work should also include elements of "social training", i.e. word recognition, counting, colour and sign recognition. Preference is given to work with materials that are clean, hygienic and colourful, and with a finished article as the end-product. As far as possible trainees are engaged in teams, on work containing processes of varying degrees of difficulty. (The value of the inclusion of the E.S.N. School leaver becomes apparent here, as they can often act as team leaders for groups of less able trainees.) Work-aids (jigs) are used extensively and the necessity for their use is governed mainly by three considerations:

- (a) to enable trainees to cope with work otherwise beyond their capabilities;
- (b) to ensure that quality and accuracy are maintained to customers' requirements; and
- (c) so that work involving machinery may be undertaken in safety.

Rarely can customers supply jigs, the design and manufacture of which rests almost entirely on the skill and ingenuity of the staff. In many cases, after a period using a jig, trainees acquire sufficient skill to discard it, without detriment to the final result.

Work now being undertaken includes the *packaging* of various items, e.g. curl rollers, "bobby" pins, toys and games; the *assembly* of these items prior to packing and also of other items, e.g. small electrical goods; the *manufacture* of articles, e.g. wooden boxes for a variety of purposes—seed trays, crockery and glass carrying boxes, extension speaker cases, folding tables, plastic display trays for toys; *gardening*; *domestic work* including cookery; *physical and social training*, and *personal hygiene*. Indoor and outdoor games, dancing and social activities are also included. It is hoped shortly to extend the variety of work by undertaking *concrete work*, *paint spraying* and *metal work*, including tube bending and brazing, and by training a gardening squad who can then, under an Instructor, undertake garden maintenance at other County Council establishments. Repairs to office and clinic furniture and the making of Workshop equipment, e.g. benches, shelves, greenhouse, etc., are already being undertaken.

The Unit may safely be said to be well under way and doing the job for which it was created. There is little doubt as to the benefit derived by the trainees and almost unqualified approval is expressed by their families.

APPENDIX II



STATISTICAL TABLES



TABLE A—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1967 (SUBDIVIDED ACCORDING TO LEGITIMACY),  
TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS				DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS				
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
<b>URBAN:</b>													
Amphthill ..	96	2	98	20.6	15.2	1	—	1	10.2	1	—	1	10.1
Bedford M.B. ..	1,238	143	1,381	20.5	20.3	21	3	24	17.4	17	2	19	13.6
Biggleswade ..	161	7	168	19.3	20.1	—	—	—	—	1	—	1	5.9
Dunstable M.B. ..	629	31	660	22.8	19.6	14	1	15	22.7	7	—	7	10.5
Kempston ..	197	8	205	18.1	18.8	2	—	2	9.8	2	—	2	9.7
Leighton—Linslade ..	365	16	381	21.1	19.2	5	—	5	13.1	11	—	11	28.1
Sandy ..	74	4	78	16.4	16.6	—	—	—	—	—	—	—	—
<b>TOTALS</b> ..	2,760	211	2,971	20.7	19.3	43	4	47	15.8	39	2	41	13.6
<b>RURAL:</b>													
Amphthill ..	595	30	625	19.8	20.0	10	1	11	17.6	4	—	4	6.4
Bedford ..	617	30	647	18.0	17.5	10	—	10	15.5	6	—	6	9.2
Biggleswade ..	655	36	691	21.1	21.9	6	1	7	10.1	10	—	10	14.3
Luton ..	675	38	713	20.2	16.8	6	1	7	9.8	9	—	9	12.5
<b>TOTALS</b> ..	2,542	134	2,676	19.8	18.1	32	3	35	13.1	29	—	29	10.7
<b>GRAND TOTALS</b> ..	5,302	345	5,647	20.2	19.0	75	7	82	14.5	68	2	70	12.3

TABLE B—CAUSES OF DEATH IN EACH COUNTY DISTRICT, 1967

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS							RURAL DISTRICTS					
		Amptbill	Bedford	Biggleswade	Dunstable	Kempston	Leighton— Linslade	Sandy	TOTAL	Amptbill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory ..	11	—	2	—	1	—	—	—	3	—	1	4	3	8
2. Tuberculosis, Other ..	1	—	—	—	—	—	—	—	—	—	—	—	1	1
3. Syphilitic Disease ..	5	—	1	—	—	—	—	—	1	—	2	2	—	4
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ..	2	—	—	1	—	—	—	—	1	—	1	—	—	1
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	1	—	1	—	—	—	—	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases	4	1	1	—	—	—	—	1	3	—	—	—	1	1
Malignant Neoplasm—														
10. Stomach ..	45	1	13	2	4	1	3	—	24	3	7	7	4	21
11. Lung, Bronchus ..	122	—	40	5	10	3	9	3	70	13	13	18	8	52
12. Breast ..	54	1	12	2	7	2	3	—	27	4	9	7	7	27
13. Uterus ..	13	—	3	2	1	1	1	—	8	—	3	1	1	5
14. Other Malignant and Lymphatic Neo- plasm	268	8	71	14	19	8	19	5	144	25	25	32	42	124
15. Leukaemia, Aleukaemia ..	13	—	3	—	4	1	1	—	9	1	1	—	2	4
16. Diabetes ..	14	—	5	—	1	1	1	—	8	1	3	1	1	6
17. Vascular Lesions of Nervous System	423	15	104	18	28	27	24	5	221	63	72	39	28	202
18. Coronary Disease, Angina ..	521	11	118	28	48	25	31	10	271	58	66	72	54	250
19. Hypertension with Heart Disease ..	32	1	7	1	2	2	3	1	17	5	4	3	3	15
20. Other Heart Disease ..	174	10	30	6	11	13	8	4	82	26	24	23	19	92
21. Other Circulatory Disease ..	99	2	23	3	12	3	4	4	51	17	14	7	10	48
22. Influenza ..	4	—	—	3	—	—	—	—	3	—	1	—	—	1
23. Pneumonia ..	110	4	22	4	12	7	10	2	61	9	6	16	18	49
24. Bronchitis ..	120	1	35	6	10	5	10	2	69	9	17	12	13	51
25. Other Diseases of Respiratory System	22	—	3	2	5	1	1	—	12	1	3	5	1	10
26. Ulcer of Stomach and Duodenum ..	13	—	5	1	—	2	1	—	9	—	2	1	1	4
27. Gastritis, Enteritis and Diarrhoea ..	7	—	3	1	—	1	—	—	5	1	—	—	1	2
28. Nephritis and Nephrosis ..	14	1	2	2	2	—	2	—	9	2	3	—	—	5
29. Hyperplasia of Prostate ..	18	—	7	—	1	—	—	—	8	4	4	1	1	10
30. Pregnancy, Childbirth, Abortion ..	1	—	—	—	—	—	—	—	—	1	—	—	—	1
31. Congenital Malformations ..	28	1	7	—	4	—	3	—	15	4	4	3	2	13
32. Other Defined and Ill-defined Diseases	203	3	46	4	23	11	10	4	101	24	28	31	19	102
33. Motor Vehicle Accidents ..	41	1	10	1	5	1	2	3	23	6	4	5	3	18
34. All Other Accidents ..	49	—	13	1	3	2	3	—	22	9	4	9	5	27
35. Suicide ..	24	1	5	1	5	1	—	—	13	5	3	1	2	11
36. Homicide and Operations of War ..	3	—	3	—	—	—	—	—	3	—	—	—	—	—
TOTALS: ALL CAUSES ..	2,459	62	595	108	218	117	150	44	1,294	291	324	300	250	1,165



TABLE C—CAUSES OF DEATH IN URBAN AND RURAL AREAS, 1967, DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH	URBAN DISTRICTS										RURAL DISTRICTS																																				
	MALES					FEMALES					Total	MALES					Total	FEMALES					Total																								
	0—	1—	5—	15—	25—	45—	65—	75—	0—	1—		5—	15—	25—	45—	65—		75—	0—	1—	5—	15—		25—	45—	65—	75—																				
1. Tuberculosis, Respiratory .. .. .	—	—	—	—	1	2	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	6	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2		
2. Tuberculosis, Other .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2			
3. Syphilitic Disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
4. Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
5. Whooping Cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
6. Meningococcal Infections .. .. .	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
7. Acute Poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
8. Measles .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9. Other Infective and Parasitic Diseases .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
10. Malignant Neoplasm—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Stomach .. .. .	—	—	—	—	1	6	5	9	21	—	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	9	4	4	17	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4		
Lung, Bronchus .. .. .	—	—	—	—	1	24	22	13	60	—	—	—	—	—	—	—	3	4	3	10	—	—	—	—	—	—	—	19	17	9	45	—	—	—	—	—	—	—	—	—	—	—	—	5	—	2	7
Breast .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	9	5	8	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	7	27
Uterus .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5
14. Other Malignant and Lymphatic Neoplasms .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
15. Leukaemia, Aleukaemia .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Diabetes .. .. .	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Vascular Lesions of Nervous System .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
18. Coronary Disease, Angina .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
19. Hypertension with Heart Disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
20. Other Heart Disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
21. Other Circulatory Disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
22. Influenza .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
23. Pneumonia .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
24. Bronchitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
25. Other Diseases of Respiratory System .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
26. Ulcer of Stomach and Duodenum .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
27. Gastritis, Enteritis and Diarrhoea .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
28. Nephritis and Nephrosis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
29. Hyperplasia of Prostate .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital Malformations .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
32. Other Defined and Ill-defined Diseases .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
33. Motor Vehicle Accidents .. .. .	15	—	—	—	1	3	5	4	11	14	—	—	—	—	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
34. All Other Accidents .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
35. Suicide .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
36. Homicide and Operations of War .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<b>TOTALS: ALL CAUSES .. .. .</b>	<b>24</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>27</b>	<b>174</b>	<b>173</b>	<b>248</b>	<b>660</b>	<b>23</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>24</b>	<b>107</b>	<b>136</b>	<b>330</b>	<b>634</b>	<b>634</b>	<b>21</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>21</b>	<b>171</b>	<b>158</b>	<b>234</b>	<b>619</b>	<b>619</b>	<b>14</b>	<b>3</b>	<b>—</b>	<b>5</b>	<b>18</b>	<b>87</b>	<b>120</b>	<b>299</b>	<b>546</b>									

TABLE D—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1967, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME						BORN IN HOSPITAL						Grand Total								
	Total	Nursed entirely at Home or in Nursing Home					TOTAL	Transferred to Hospital						TOTAL							
		2 lb. 3 oz. or less	Over 2 lb. 3 oz. to 3 lb. 4 oz.	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.		2 lb. 3 oz. or less	Over 2 lb. 3 oz. to 3 lb. 4 oz.	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.									
Died in first 24 hours . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	9	3	2	1	1	1	16	17
Died 2nd - 6th day . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	3	1	1	1	11	11
Died 7th - 28th day . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	7	7
Survived 28 days . . .	30	—	1	4	4	4	1	—	—	—	—	—	—	—	1	12	35	50	116	215	245
TOTALS . . .	31	—	2	4	4	19	28	—	—	—	—	—	—	—	1	20	41	52	119	249	280



TABLE E—ATTENDANCES AND SESSIONS AT CHILD WELFARE CENTRES,  
1967

Centre	Type of Premises	No. of children who attended during year born in			No of Sessions held by			No. of children referred elsewhere
		1967	1966	1962-65	Medical Officers	Health Visitors	Others	
Amphill .. ..	R	93	150	216	25	26	—	14
Arlesey .. ..	R	96	82	2	21	31	—	8
Aspley Guise .. ..	R	34	36	43	23	3	—	—
Barton .. ..	R	133	119	120	68	9	—	13
Bedford—								
Barford Avenue..	P	201	161	158	2	49	49	—
Brickhill .. ..	P	146	147	151	—	50	50	—
Denmark St. .. ..	R	145	120	57	—	26	25	19
Harewood Road	R	82	99	97	1	20	31	—
Putnoe .. ..	P	217	329	187	—	51	48	14
Queen's Park .. ..	P	133	119	64	—	25	26	6
Union Street .. ..	P	210	229	118	—	2	101	3
Biggleswade .. ..	A	178	182	58	50	1	—	3
Bromham .. ..	R	62	43	11	49	1	—	—
Caddington .. ..	R	87	96	91	20	28	—	12
Clapham .. ..	A	122	48	72	52	1	—	—
Clifton (1) .. ..	R	36	3	6	8	10	—	8
Clophill .. ..	R	21	16	18	10	2	—	—
Cranfield .. ..	R	50	60	82	15	10	—	—
Cranfield College .. ..	R	27	39	57	—	11	—	—
Dunstable .. ..	P	331	429	398	71	74	—	—
Dunstable								
Downside .. ..	R	91	50	34	20	30	—	—
Eaton Bray.. ..	R	78	59	78	23	3	—	3
Flitwick .. ..	R	119	29	55	25	29	—	—
Harlington .. ..	R	51	23	110	15	10	—	—
Harrold .. ..	R	38	42	28	—	13	—	—
Haynes .. ..	R	12	12	8	12	16	—	—
Heath and Reach (2)	R	8	30	25	3	7	—	—
Henlow, R.A.F. .. ..	R	74	112	1	16	16	—	2
Henlow Village .. ..	R	62	43	—	12	15	—	3
Houghton Conquest	R	14	5	—	11	15	—	—
Houghton Regis .. ..	P	206	341	319	137	11	—	7
Ickwell .. ..	R	13	13	10	11	2	—	—
Kempston .. ..	R	144	98	106	76	20	—	—
Kensworth .. ..	R	19	22	8	13	13	—	—
Keysoe .. ..	R	46	48	71	13	—	—	3
Langford .. ..	R	66	20	—	17	8	—	—
Leighton Buzzard .. ..	P	248	213	94	89	83	—	10
Leighton Buzzard								
Brooklands .. ..	R	256	100	12	37	34	—	12
Lidlington .. ..	R	23	17	51	13	12	—	—
Linslade .. ..	R	47	86	66	17	6	—	1
<i>Carried forward</i>		4,019	3,870	3,082	975	773	330	141

Centre	Type of Premises	No. of children who attended during year born in			No. of Sessions held by			No. of children referred elsewhere
		1967	1966	1962-65	Medical Officers	Health Visitors	Others	
<i>Brought forward</i>		4,019	3,870	3,082	975	773	330	141
Marston Moretaine	R	17	26	39	12	14	—	1
Marston Shelton ..	R	18	25	38	13	13	—	—
Maulden .. ..	R	48	12	2	10	17	—	—
Potton .. ..	R	55	59	6	26	1	—	—
Ravensden .. ..	R	19	32	15	12	—	—	—
Ridgmont .. ..	R	11	10	32	12	1	—	—
Riseley .. ..	R	33	54	54	13	—	—	—
Sandy .. ..	P	106	95	35	38	1	—	2
Sharnbrook .. ..	R	37	57	68	12	1	—	—
Shefford .. ..	R	98	119	70	26	14	—	4
Shillington .. ..	R	45	40	38	12	14	—	—
Shortstown .. ..	R	103	37	23	12	12	—	—
Slip End .. ..	R	29	44	39	24	2	—	—
Stevington .. ..	R	10	14	30	13	—	—	—
Stewartby .. ..	R	10	8	1	11	13	—	—
Stotfold .. ..	P	102	93	41	22	24	—	5
Studham .. ..	R	10	13	45	12	13	—	—
Tilsworth (3) .. ..	R	40	7	—	4	6	—	—
Toddington .. ..	R	94	46	63	46	2	—	16
Turvey .. ..	R	18	15	3	—	—	13	3
Westoning .. ..	R	32	24	16	11	16	—	—
Wilstead .. ..	R	42	30	23	12	1	—	1
Woburn .. ..	R	16	33	86	12	13	—	—
Wootton .. ..	R	37	39	20	15	11	—	—
Wymington .. ..	R	20	30	32	12	1	—	—
<b>TOTALS ..</b>		<b>5,069</b>	<b>4,832</b>	<b>3,901</b>	<b>392</b>	<b>963</b>	<b>343</b>	<b>173</b>

NOTE: Type of premises P—purpose-built.  
A—adapted.  
R—occupied on sessional basis.

(1) Opened 3.5.67.

(2) Closed 11.5.67.

(3) Closed 16.5.67.





TABLE G—SEX-AGE DISTRIBUTION OF MENTALLY SUBNORMAL PERSONS ATTENDING TRAINING CENTRES AND ADULT TRAINING WORKSHOPS AT 31ST DECEMBER, 1967, TOGETHER WITH NUMBERS WAITING FOR PLACES

	Under 16		16+		All ages		
	M.	F.	M.	F.	M.	F.	T.
KEMPSTON JUNIOR TRAINING CENTRE, AUSTIN CANONS							
From Bedford Borough ..	10	4	—	—	10	4	14
„ County area ..	20	9	—	—	20	9	29
	30	13	—	—	30	13	43
DUNSTABLE JUNIOR TRAINING CENTRE, RIDGEWAY AVE.							
From Luton County Borough ..	19	19	—	—	19	19	38
„ County area ..	10	11	—	—	10	11	21
	29	30	—	—	29	30	59
BEDFORD ADULT TRAINING WORKSHOP							
From Bedford Borough ..	—	—	17	16	17	16	33
„ County area ..	—	—	17	22	17	22	39
	—	—	34	38	34	38	72
Attending from outside County .. .. .	—	—	3	2	3	2	5
LUTON ADULT TRAINING WORKSHOP							
From County Area ..	2	—	23	14	25	14	39
Total attending in County ..	61	43	60	54	121	97	218
Other Centres outside	—	2	1	—	1	2	3
ON WAITING LIST							
Bedford Borough ..	—	—	—	—	—	—	—
Rest of North Beds. ..	3	3	—	—	3	3	6
Luton County Borough ..	1	2	—	—	1	2	3
Rest of South Beds. ..	1	—	—	—	1	—	1
Total waiting ..	5	5	—	—	5	5	10



TABLE H—NUMBER OF CHILDREN WHO RECEIVED PRIMARY PROTECTION AGAINST DIPHTHERIA, TETANUS, WHOOPING COUGH AND POLIO-MYELITIS DURING 1967

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP .. ..	2,465	2,484	195	62	86	18	5,310
3. Diphtheria/Wh. Cough	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	6	11	5	8	222	119	371
5. Diphtheria .. ..	2	1	1	2	—	22	28
6. Whooping Cough ..	—	—	—	—	—	—	—
7. Tetanus .. ..	2	—	2	4	58	248	314
8. Salk .. .. .	—	—	—	—	—	—	—
9. Sabin .. .. .	2,400	2,619	260	95	334	127	5,835
10. Lines 1+2+3+4+5 (Diphtheria)	2,473	2,496	201	72	308	159	5,709
11. Lines 1+2+3+6 (whooping cough)	2,465	2,484	195	62	86	18	5,310
12. Lines 1+2+4+7 (Tetanus)	2,473	2,495	202	74	366	385	5,995
13. Lines 1+8+9 (Polio)	2,400	2,619	260	95	334	127	5,835

TABLE I—NUMBER OF CHILDREN WHO RECEIVED REINFORCING DOSES  
DURING 1967

	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP .. ..	2	1,369	2,055	277	836	62	4,601
3. Diphtheria/Wh. Cough	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	26	75	41	3,812	1,694	5,648
5. Diphtheria .. ..	—	—	1	1	174	1,568	1,744
6. Whooping Cough ..	—	—	—	—	—	—	—
7. Tetanus .. ..	—	1	10	13	87	340	451
8. Salk .. .. .	—	—	—	—	—	—	—
9. Sabin .. .. .	2	1,180	1,940	312	4,161	3,097	10,692
10. Lines 1+2+3+4+5 (Diphtheria)	2	1,395	2,131	319	4,822	3,324	11,993
11. Lines 1+2+3+6 (whooping cough)	2	1,369	2,055	277	836	62	4,601
12. Lines 1+2+4+7 (Tetanus)	2	1,396	2,140	331	4,735	2,096	10,700
13. Lines 1+8+9 (Polio)	2	1,180	1,940	312	4,161	3,097	10,692



TABLE J—DETAILS OF UNSATISFACTORY SAMPLES OF FOOD, WITH ACTION TAKEN, 1967

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Pork sausages	1619 (formal)	Meat deficient 36%.	Firm prosecuted and fined £50.
Meat pie	1482 (informal)	Meat content 50% deficient.	Formal sample taken (No. 1385).
Meat pie	1385 (formal)	Meat content 52% deficient.	Baker concerned is now labelling and selling these articles as "Meat and Vegetable Pies". No further action.
" Jiffi-Jelli "	1527 (informal)	List of ingredients not in correct order.	Follow-up sample found to be genuine.
Crab spread with butter	1528 (informal)	Crab deficient 15%.	Follow-up sample found to be genuine.
Sterilized cream	1398 (informal)	Excessively acid.	Seemed to be isolated tin of old stock. Samples of similar tins from same canners proved genuine.
Sugared strands	1565 (informal)	Contained a prohibited colouring agent (Blue VRS).	A formal sample proved to be genuine. As the colouring agent only recently prohibited, appears an odd item of old stock was involved.
Dairy cream trifle	1667 (informal)	No list of ingredients.	Correspondence in progress with packers.
Canned peeled plum tomatoes	1670 (informal)	Can "blown".	Appeared to have been isolated tin of old stock.
Fruit salad (dried)	1826 (informal)	No list of ingredients.	The packer has now agreed to comply with the requirements of the Labelling of Food Order, 1953.

TABLE K—CAUSES OF BLINDNESS IN CERTAIN PERSONS REGISTERED IN THE COUNTY AREA, 1967, AND TREATMENT RECOMMENDED

	Cause of Disability							Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other		
No. of cases in which no treatment recommended ... ..	7	4	—	1	4	9	25	
No. of cases in which treatment recommended:								
(i) Medical ... ..	—	2	—	1	—	2	5	
(ii) Surgical ... ..	9	1	—	—	—	—	10	
(iii) Optical ... ..	—	—	—	—	—	1	1	
(iv) Ophthalmic supervision ... ..	—	3	—	2	1	1	7	
<b>TOTAL</b> ... ..	16	10	—	4	5	13	48	
No. of cases who received treatment:								
(i) Medical ... ..	—	2	—	1	—	2	5	
(ii) Surgical ... ..	2	—	—	—	—	—	2	
(iii) Optical ... ..	—	—	—	—	—	1	1	
(iv) Ophthalmic supervision ... ..	—	3	—	2	1	1	7	



